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## Bioterrorism. The Question is – When?

There is no way to stop scientific progress. Modern biology is a double-edged sword. The key question is: whose are the hands holding the biological agent, for example, an instrument for manipulating the anthrax bacteria or the bird flu virus H5N1 genes? Typically, this instrument would be locked up in a safeguarded laboratory located in a developed democratic country. It is not good any longer if it happens to be in the hands of avaricious researchers from a weak and collapsing economy that are ready to sell it to a “trustworthy and moneyed business partner from the East”.

A large amount of antibiotics in the armoury of a greedy owner of a fish breeding farm, a gigantic poultry or pig farm is a hazard when these people, ignoring international laws, start seeking for illegal additional profit of a million dollars. This could possibly happen in a country where labour is cheap and law is weak.

Bioterrorism threat is rapidly increasing worldwide. This is fuelled both by political processes and scientific progress. The microorganisms causing dangerous infectious diseases that can be used as biological weapons have been thoroughly researched, and the information often is broadly accessible, including for potential terrorists. To arrange a bioterrorism act is much less costly, less conspicuous and therefore more realistic than any other type of broad-based attack to a country or a group of countries.

Currently there is no uniform definition of terrorism that would be correct from the legal aspect. As a matter of fact, terrorism is a violent combat method that one group of people exercises against another group of people having an alternative persuasion, with a purpose to attain political, religious or other goals. Biological terrorism or bioterrorism is a deliberate dissemination of a biological agent, for example, a pathogenic microorganism, with the purpose to cause a human disease and death, and to create confusion, panic and fear in the society.

According to the experts, the use of biotechnology methods for terroristic aims is an ever increasing reality; consequently, the risks of bioterrorism are rapidly building up as well. The use of one or several biological agents with terroristic aims is unavoidable. Under certain circumstances, most of infectious diseases can be dangerous both to an individual and to the society. However, some microbes are especially hazardous, because they are highly contagious, pathogenic

and virulent. Human infections and parasitic diseases are particularly dangerous. They have a capability of developing a malignant clinical course, spreading rapidly, and in such situation an absence of effective preventive measures and treatment will jeopardise the health of each individual and the society in general.

According to the USA Department of Homeland Security, the most dangerous microorganisms are *Variola major*, *Bacillus anthracis*, multidrug resistant *Bacillus anthracis*, *Yersinia pestis*, *Rickettsia prowazekii*, the Ebola virus, the Marburg virus, *Clostridium botulinum* toxine, *Burkholderia mallei*, *Burkholderia pseudomallei*, *Francisella tularensis*.

To a large extent, people themselves have made these causal agents resistant and have created mutations. The idea of any living being is survival, and this is true in respect of an individual in short-term as well as in respect of a group of similar individuals, such as species. Life on the Earth is a struggle to survive, and it is on-going at multiple levels. As soon as man discovered antibiotics, bacteria started their struggle to survive – they had an option to develop resistance or to die. The strongest survived. From the physicians' point of view, these robust and resistant bacteria are the bad ones, while from the point of view of other bacteria they are the heroes.

Now it is time that man and the human race start their struggle to survive in the occasion of a bioterrorism act or a highly resistant pathogenic microbe or a modified virus stem spreads. Let me remind you that in 2014 Yoshihiro Kawaoka from the University of Wisconsin-Madison in the USA modified the H1N1 bird flu virus stem that it is no longer recognised by a human immune system. Such virus becomes exceedingly dangerous and is a potential causal agent of a new pandemic!

The World Medical Association is the sole global organisation that has the ability of creating a synthesis of medical, preventive, economic and political aspects for preserving the continuity of mankind. We are facing serious challenges. Let us start with the “One World, one Health” approach, and this year let us start waging war against unjustified use of antibiotics on a global scale.

Pēteris Apinis,  
Editor in Chief, WMA

## 203<sup>rd</sup> WMA Council Session, Buenos Aires, April 2016

### Council

The 203<sup>rd</sup> Council meeting at the Sheraton Convention Centre in Buenos Aires, Argentina was officially opened by Dr. Ardis Hoven, Chair of Council. Her first task was to welcome Dr. Jorge Lemus, Argentina's Minister of Health, to officially open the proceedings.

Dr. Lemus spoke about the new health challenges facing the medical profession and the importance of the social determinants of health and issues such as poverty, lack of health, housing and proper drinking water. This meant that health and well-being was an inter-sectorial matter where they had to establish partnerships with other sectors in order to meet their goals. He had been emphasising the importance of the social determinants for many years. This was a key issue in tackling the problems of Argentina and the region, as well as globally. At present the region was also faced with the Zika virus, which was an environmental matter due to the tropicalisation of the weather. These were issues facing physicians and he hoped that the WMA meeting would reach important decisions.

Dr. Jorge Coronel, President of the Medical Confederation of the Republic of Argentina, welcomed more than 100 WMA delegates from 35 national medical associations. He spoke about the need for the active participation of physicians in solving the problems facing Argentina, including violence which was seen in hospitals and clinics. There had been deaths of physicians, which was a matter for enormous sadness. It was also the fact that physicians' working conditions needed to be improved. Doctors lacked the necessary means and materials to take care of patients.

### Council

The WMA Secretary General Dr. Otmar Kloiber reported that there were two new members of Council, Prof Brian. Owler representing the Australian Medical Association, who was present, and Dr. Mark Porter from the British Medical Association, who was not able to be present, because of industrial action by the junior doctors in England.

### President's Report

In his interim report, WMA President Sir Michael Marmot reminded the meeting that his mission as President was to encourage doctors' involvement in the social determinants of health and health equity. To support this mission, he had set out three aims – that the WMA issue a statement on social determinants of health and health equity and produce a supporting publication that would answer the question: “what do we do?”; to promote regional networking; and to support post-graduate education and training.

He said the WMA statement had been issued as the Declaration of Oslo and a document had been introduced answering the question from physicians about what they could do. This emphasised five domains of activity – education and training, seeing the patient in a broader perspective, the health service as employer and its impact on the local community, working in partnership and advocacy.

On networking, he reported keen interest from most regions of the world and gave examples from the Americas, Africa, Europe, Asia and Oceania.

Sir Michael concluded by saying that he had been enormously impressed by the enthusiasm he had encountered among physicians

on the social determinants of health and he ended with the words: ‘We are all working in the cause of social justice and health’.

### Secretary General's Report

Dr. Kloiber submitted a lengthy written report about the activities of the Association over the past year. He spoke briefly about new translations of the WMA's Medical Ethics manual. He also reminded Council about two forthcoming meetings, the World Health Professions Alliance Conference on Regulation in Geneva (May 21 and 22) and the One Health Conference, in Fukuoka, Japan (Nov. 10–11) together with the Japan Medical Association and the Japan Veterinary Association.

### Chair's Report

Dr. Hoven submitted her written report. She referred to the Governance Work Group and said that it was larger than normal work groups because it was important to have as much diversity as possible in the representation. In addition to those that had expressed an interest in participating, representation from the Junior Doctors Network, the Associate members, and Past Presidents and Chairs group had been included in the work group. She looked forward to their efforts on behalf of the WMA and was optimistic that a more transparent and representative organization would be accomplished in order to maximize the Association's advocacy and impact throughout the world.

Referring to the WMA Expert Meeting on Health Databases in Seoul that had been held, Dr. Hoven said she had been impressed by the depth of knowledge of those involved and the detailed examination of information necessary to successfully complete this work. She said it was imperative that they listened to all the voices speaking. She also looked forward to attending for the first time the WMA Caring Physicians of the World Medical Leadership, Communication and Advocacy Course in Jack-

sonville, Florida and said that this course through the years had received great ratings from those who have attended from national medical associations (NMAs).

## Emergency Resolution

The Turkish Medical Association submitted an emergency Resolution on Refugees and Migrants, presented by Dr. Bayazit Ilhan. He said the Resolution was based on a communique following the symposium held in February in Istanbul on War, Migration and Health. Large numbers of people were presenting at borders seeking refuge or asylum. Some were fleeing war zones or other conflicts, others were fleeing from desperate poverty, violence and other appalling injustices and abuse. The global community was ill prepared for this mass movement of people and had responded by closing borders, seeking to turn back the influx. What should physicians do in these circumstances? He said the emergency Resolution included a number of recommendations emerging from the symposium.

Delegates agreed that the Resolution should be considered by Council later in the meeting.

## Medical Ethics Committee

Dr. Heikki Pälve (Finnish Medical Association) took the Chair.

The Committee received the Secretary General's oral report. Dr. Kloiber said several important issues had emerged since the Moscow Assembly. The first was the occurrence of gene editing systems, which had raised some ethical concerns around the world. For the first time it gave the opportunity to do germ line changes in our genetic inheritance and this was something that had ethical implications and which the WMA had to look into. The second item referred to research ethics according to the Declaration of Helsinki and the work of ethics committees. These were issues the WMA needed to consider.

The third item was the work being carried out on medical ethics in times of armed conflict, which had been referred to the Security Council of the United Nations.

## Person Centered Medicine

The Committee received an oral report of the Person Centered Medicine Work Group, presented by Prof. Vivienne Nathanson (British Medical Association). She said work was proceeding on the basis of definitions drawn up by the group. She hoped that by the next meeting they would be able to present the committee with a draft policy paper.

## Health Databases and Biobanks

Dr. Jon Snaedal (Iceland), Chair of the Work Group on Health Databases and Biobanks, gave an oral report about the work of the group considering a proposed Declaration on Ethical Considerations regarding Health Databases and Biobanks. Over the past four years there had been several open expert meetings and the document had gone through almost a dozen revisions. He proposed that the group's current briefing paper be circulated to NMAs and that the Work Group be allowed to include discussion with partners outside the WMA. He hoped that WMA policy would be adopted by the next Assembly in October following another face to face meeting of the Work Group.

The committee agreed to circulate the proposed Declaration on Ethical Considerations regarding Health Database and Biobanks to NMAs, that comments be invited from expert organisations outside the WMA and that a further meeting of the Work Group should take place in September to finalise a document to be presented to the Council in Taipei.

## Declaration of Geneva

An oral report was given by Dr. Ramin Parsa-Parsi (German Medical Association),

Chair of the Work Group considering the revision of the Declaration of Geneva. He said the group was planning a final draft for consideration at the October 2017 General Assembly session in Chicago, because he did not want this work to be confused with the current debate on the high level database policy document. Further discussion would take place at the committee meeting in Taipei in October this year when a draft document would be submitted. Fruitful discussions had been continuing and he urged NMAs to complete and return the survey that had been sent out on the use of the Declaration of Geneva.

## Participation of Physicians in Pre-Natal Gender Selection

The Committee considered a Proposed Revision of the WMA Statement on the Participation of Physicians in Pre-Natal Gender Selection submitted by the Swiss Medical Association, which had been circulated to all NMAs. This urges all NMAs to recommend their national governments to adopt laws and regulations that would prohibit the use of prenatal sex-selection for reasons of gender-preference. The Statement calls for the installation of protection mechanisms for those physicians who refuse to participate in pre-natal diagnostic tests and abortions performed solely for reasons of gender preference, excluding sex selection of a fetus or pre-embryo for purposes of avoiding a severe sex-linked disease.

After a brief debate it was agreed to send the document back to the rapporteur to analyze in relation to existing WMA policy on related topics. If the substance of the Statement is not sufficiently covered in the existing policies, the Statement will be reconsidered by the committee.

## Euthanasia and Physician Assisted Dying

The Royal Dutch Medical Association, together with the Canadian Medical



Association, presented a proposed Statement on Euthanasia and Physician Assisted Dying. Speakers from the two NMAs said they were aware these issues were very controversial. What was required was a fair, open and respectful debate on the diversity of views that existed on this issue as well as scope and respect for diverging views. Following a lengthy debate about whether or not to circulate the document among NMAs, it was decided that it should be circulated.

## Quality Assurance in Medical Education

Dr. Steven Stack (American Medical Association) proposed a new Declaration on Quality Assurance in Medical Education, addressing the issue of the quality of undergraduate medical education and medical schools.

Delegates welcomed the document and the committee agreed it should be circulated to NMAs for consideration.

## Classification of 2006 Policies

The committee reviewed the recommendations received for revising medical ethics policies for which it had been 10 years since adoption or last revision.

## It recommended the following actions:

*Council Resolution on Organ Donation in China*

The committee agreed to reaffirm the Resolution. Dr. Kloiber said he would contact the Chinese Medical Association to request information on the current situation concerning organ transplantation and whether obtaining organs from prisoners was still practiced in China.

*Declaration of Geneva*

The committee agreed that consideration of the Declaration be postponed pending the outcome of the Work Group on this document.

## *International Code of Medical Ethics*

The committee agreed that the Code be postponed pending the outcome of the Work Group on this document.

## *Declaration of Sydney*

The committee agreed that the Declaration on the Determination of Death and the Recovery of Organs be reaffirmed with minor revisions.

## *Declaration on Therapeutic Abortion*

It was decided to reaffirm the Declaration with minor revisions.

## *Declaration of Tokyo with guidelines for Medical Doctors concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Determination and Imprisonment*

It was decided to reaffirm the Declaration with minor revisions.

## *Declaration of Venice on Terminal Illness*

The committee agreed that this Declaration undergo a major revision.

## *Declaration of Malta on Hunger Strikers*

It was agreed that the Declaration should undergo a major revision.

## *Statement on Combating HIV/AIDS and the Medical Profession Statement on HIV/AIDS and the Medical Profession*

It was agreed that this Statement be rescinded and archived.

## *Statement on Child Abuse and Neglect*

The committee agreed that this Statement be reaffirmed with minor revisions.

## *Statement on Animal Use in Biomedical Research*

It was agreed that this Statement be reaffirmed.

## *Statement on Patient Advocacy and Confidentiality*

The committee agreed that this Statement be reaffirmed.

## *Statement on Medical Ethics in the Event of Disaster*

It was agreed that this Statement be reaffirmed with minor revisions.

## *Statement on Weapons of Warfare and Their Relation to Life and Health*

It was agreed that this Statement be reaffirmed with minor revisions.

## *Statement on Assisted Reproductive Technologies*

It was agreed that this Statement undergo a major revision.

## *Statement on HIV/AIDS and the Medical Profession*

It was agreed that this Statement undergo a major revision.

## Human Rights

Clarisse Delorme, the WMA's Advocacy Advisor, referred to the recent joint Turkish Medical Association/WMA Conference on War, Migration and Health held in Istanbul, and on related activities in Turkey and Egypt.

## Socio-Medical Affairs Committee

Dr. Miguel Roberto Jorge (Brazil) took the Chair.

Dr. Kloiber spoke about the global activity on the social determinants of health and he urged NMAs to involve themselves in this area.

He also said they were still seeing a strong reluctance to immunization around the world. This included poor countries that did not have enough resources to do immunization, as well as a rejection in affluent countries sometimes based on weird arguments. Sometimes, even physicians were involved in spreading this reluctance.

He said that a number of NMAs had been working on the issue of illegal drugs and drug overdoses. There had been an increas-

ing number of fatalities from illegal drug-related use and from prescription drugs. There was also a global tendency to legalise drugs, for instance in some states in US. Finally, he said that tobacco control had not been properly addressed in many countries and there was still an agenda there for NMAs to consider.

## Health Care in Danger

Dr. Bruce Eshaya-Chauvin, from the International Committee of the Red Cross and coordinator of the Health Care in Danger Project, reported on the recent activities of the project. This included a resolution on the ethical principles for health professionals in conflict zones, which was to be discussed in the UN Security Council. Delegates heard a report on the activities of the WMA Workgroup on Health Care in Danger which had met the previous day, including discussion about further incidents of violence against health care professionals.

## Role of Physicians in Preventing the Trafficking with Minors and Illegal Adoptions

The Spanish Medical Association reported that the Work Group had met the previous day. It had agreed on a proposal for a WMA Statement on the Role of Physicians in preventing Trafficking with Minors and Illegal Adoptions. This denounces all forms of human trafficking, especially those that involve children, and puts forward proposals for action that physicians could take.

It was agreed that the document should be circulated among members for comments.

## Armed conflicts

Dr. Dongshun Shin (Korean Medical Association) reported on the activities of the Work Group that had been asked to look at three proposals submitted to the Council in Moscow – Territorial Disputes and Armed Conflicts, Children in Armed Conflicts and

Triggering Armed Conflicts – with the aim of preparing a single proposal. A new proposed WMA Statement on Armed Conflicts, drawing on all these documents, was the result.

The committee considered the new document and agreed that it should be circulated among NMAs for comments.

## Occupational Health

Dr. Mzukisi Grootboom (South African Medical Association) reported on the activities of the Work Group that had been tasked with looking at three proposed policies submitted to the Council in Moscow – Occupational Health, Workers Health & Safety and Protection Reproductive Health – with the aim of preparing a single proposal. A new Resolution on Occupational and Environmental Safety as well as Gender Aspects was submitted and the committee agreed the document should be circulated to NMAs.

## Ageing

Dr. Nivio Moreira (Brazilian Medical Association) reported on the activities of the Work Group on Ageing. It put forward a proposal for a Statement on Ageing with recommendations to improve the care of elderly people throughout the world. During a debate, delegates discussed the need to include the provision of secondary health care for the elderly, including the psychosocial aspects of managing care. The committee agreed that the document, as amended, be approved by the Council and be forwarded to the General Assembly for adoption.

## Boxing

A proposed revision to the WMA Statement on Boxing was introduced by the South African Medical Association. This puts forward new recommendations for additional action to be taken until boxing is completely abolished. In a brief debate, it was decided that the document was not yet

ready for adoption and it was agreed to circulate the document to NMAs.

## Tobacco

The Committee considered a proposed revision from the Australian Medical Association of the WMA Resolution on the Implementation of the WHO Framework Convention on Tobacco Control. The document, which recognizes the importance of the Framework as a mechanism to protect people from exposure and addiction to tobacco, was approved and the committee agreed to send it to the Council for forwarding to the General Assembly for adoption.

## Obesity in Children

A proposed WMA Statement on Obesity in Children was submitted by the Israel Medical Association. There was a debate about whether this document should be combined with the WMA's more general statement on obesity. It was also suggested that the document should highlight more prominently the social determinants of health and the role of educating parents in preventing child obesity.

The committee agreed to recirculate the Statement to NMAs for reconsideration and that the Statement on the Physician's Role in Obesity, currently under the 10 years' review process, be examined at the same time, to ensure coherence between the two policies.

## Physicians' Right to Information

The committee considered the proposed WMA Declaration on Physicians' Right to Information about the World Medical Association and its Policies, submitted to the Assembly in Moscow by the Russian Medical Society. After considerable debate, the committee recommended that further consideration of the document be postponed to the next meeting in Taipei in October.

## Professional Autonomy of Physicians

The committee considered the proposed WMA Declaration on Professional Autonomy of Physicians as the Main Condition for Implementation of the Human Right to Health. The Russian Medical Society, which originally submitted the document, asked for the document to be withdrawn, and this was agreed by the committee.

## Fossil Fuel Divestment

The proposed Statement on Divestment in Fossil Fuels was considered. The Statement urges national medical associations to raise awareness of the negative health effects caused by fossil fuel pollution and climate change, and to shift their investment portfolios toward renewable clean energy generation.

After several delegates said that there were still some issues to be resolved, the committee decided the Statement needed further reconsideration and recommended that it should be recirculated to NMAs for comments.

## Global Medical Electives

A proposed WMA Statement on Ethical Considerations in Global Medical Electives was considered by the committee. The document from the Junior Doctors Network proposes ethical guidelines concerning medical trainees participating in global educational experiences. After a brief debate the committee recommended the Statement be approved by the Council and forwarded to the General Assembly for adoption.

## Health and Environment

Dr. Dongshun Shin, Chair of the Environmental Caucus, reported on the activities of the Caucus that had met earlier that day. The meeting had focused on the outcome and follow-up of the Inter-Governmental Climate Change Conference in Paris in December 2015 and on air pollution. He

said it was important to activate national and regional action to raise concern on these issues.

## Friday April 29

### The second day of the meeting continued with the Socio-Medical Affairs Committee

#### Female Genital Mutilation

The committee considered a proposed revision of the WMA Statement on Female Genital Mutilation Physicians. This encourages national medical associations to become more active in campaigning to end the practice of female genital mutilation. Prof. Nathanson explained the changes of wording to clarify the document's advice to physicians.

After a debate, the committee recommended that the document as amended be approved by the Council and forwarded to the General Assembly for adoption.

#### Body Searches of Prisoners

The committee considered a proposed revision of the WMA Statement on Body Searches of Prisoners. This led to a debate on clarifying the guidance for physicians who are directed to conduct body searches and the issue of consent. There was also a discussion on the document's reference to searches involving transgender people.

Following the debates, the committee recommended that the document, as amended, be approved by the Council and forwarded to the General Assembly for adoption.

#### Cyber Attacks on Health and other critical infrastructures

The German Medical Association submitted a proposed Statement on Cyber-Attacks on health and other critical infrastructures arguing that the WMA and NMAs should

be urging governments to take all necessary measures to guard against this threat. Delegates were told that attacks on critical infrastructure, including hospitals, were on the rise, posing a threat to patients' fundamental right to data privacy and safety. As a result, it was essential to raise awareness of this problem by anticipating and defending against such cyber intrusions. It was argued that physicians were simply not aware of the extent of this problem, which included the risk of records being manipulated.

The committee agreed to circulate the paper to NMAs for consideration.

#### Zika virus

The Committee considered a proposed WMA Statement on the Zika virus infection calling on the World Health Organisation to work with disease control organisations to better understand the natural history and current epidemiology of the infection. It was argued that this was an international health emergency and was going to affect people throughout the world. It was causing a great deal of distress and what physicians needed was consistent advice to use with their patients or for people thinking of travelling to affected areas. Delegates debated whether there should be one statement on pandemics as well as resolutions on specific viruses. The committee agreed that the Statement should be changed into a Resolution.

During the debate that followed, various amendments were agreed, and delegates heard reports from Latin American NMAs about the current situation in their countries, including the lack of information being received by physicians.

At the conclusion of the debate, the committee agreed that the document, as amended, should be forwarded to the Council for approval.

#### Medical Tourism

The Israeli Medical Association submitted a proposed Statement on Medical Tourism



setting out protocols to protect the right of foreign patients who receive medical treatment abroad. The aim of the guidelines for physicians is to protect patients receiving treatment abroad from any attempt at harm, fraud or unprofessionalism and to preserve the principles of medical ethics for medical tourists and local patients alike.

Delegates were told that there was an emerging industry with health systems around the world competing for foreign patients. There was a need for some ethical obligations to protect foreign patients from being taken advantage of.

The committee agreed to circulate the document to NMAs.

## Medical Cannabis

The South African Medical Association submitted a proposed new Statement on Medical Cannabis. This declares that in the absence of convincing scientific evidence on the therapeutic effectiveness of cannabis, there should be more rigorous research carried out before governments decide to legalise medical cannabis.

The committee agreed that the document should be circulated to NMAs for comment.

## Classification of 2006 Policies

The committee considered the recommendations received on the potential revision of the SMAC policies for which it has been 10 years since adoption or last revision

It agreed that the following policies should be rescinded and archived:

- the Council Resolution in support of the Bolivian Medical Association
- the Statement on Professional Responsibility for standards of Medical Care

It agreed that the following policies undergo a major revision:

- the Resolution on Medical Assistance in Air Travel
- the Resolution on Tuberculosis

- the Statement on Access to Health Care
- the Statement on Medical Education

It agreed that the following policies be reaffirmed:

- the Resolution on Child Safety in Airline Travel
- the Resolution on North Korean Nuclear Testing
- the Statement on the Role of Physicians in Environmental Issues

It agreed that the following policies undergo minor revision

- the Statement on Injury Control
- the Statement on Traffic Injury
- the Statement on Adolescent Suicide
- the Statement on Alcohol and Road Safety
- the Statement on Physicians and Public Health
- the Statement on Avian and Pandemic Influenza
- the Statement on the Physician's Role in Obesity
- the Statement on the Responsibilities of Physicians in Preventing and Treating Opiate and Psychotropic Drug Abuse

The committee also agreed that a rapporteur be appointed to undertake a review of the WMA's general policies on alcohol.

## Advocacy

Dr. André Bernard (Canadian Medical Association), Chair of the Advocacy Advisory Group, reported on the activities of the group, including a suggestion from the Turkish Medical Association for holding a World Day to recognize the issue of violence against health professionals. He said that the group had considered how to take this idea forward and recommended that further work be carried out on the proposal.

He also said the group was discussing the more general issue of progressing advocacy within the Association.

## Finance and Planning Committee

Dr. Dongshun Shin (Korean Medical Association) took the chair.

## Membership Dues Payments

The Committee received a report from Mr. Addy Hällmayr, the WMA's Financial Advisor, on Membership Dues Payments for 2015.

## Financial Statement

Mr Hällmayr provided a detailed explanation of the pre-audited Financial Statement for 2015 and the committee received the document as an interim financial statement as it will be audited in June 2016. It agreed that the interim Financial Statement for 2015 be approved.

## WMA Strategic Plan

An oral report was given by the Secretary General. He said that plans for a new WMA strategic plan would be developed from the input from three workgroups, the Advocacy Advisory Group, Business Development Group and Work Group on Governance Review.

## Business Development

The Committee considered a report from the Business Development Group, including possible ways of expanding additional resources through sponsorship within the Association's ethical guidelines and by establishing a foundation trust as a starting point of discussion.

It was agreed that the group should continue to study this plan and report back to the council in Taipei.

## WMA Statutory Meetings

Plans were discussed for changing the agenda for the 2018 General Assembly

in Reykjavik, Iceland. Dr. Jon Snædal suggested shortening the Assembly by one day by changing the Scientific Session to combine it with the international conference, 13<sup>th</sup> World conference on Bioethics and Medical ethics before or after the Assembly. This would be in collaboration with UNESCO Chair of Bioethics, WPA, WAML and local collaborators.

The committee agreed that the secretariat together with the Icelandic Medical Association start to prepare for a medical ethics conference in conjunction with 2018 General Assembly in Reykjavik and to report back to the next meeting.

It was agreed that the 2018 Spring Council meeting (Apr 26–28) be held in Riga, Latvia and the 2018 General Assembly be held in Reykjavik, Iceland (Oct 3–6) and that Istanbul be the venue for the General Assembly in 2019 and Tbilisi, Georgia be the venue for the General Assembly in 2020.

It was agreed that the topic of the scientific session at the General Assembly in Chicago 2017 be Assuring Quality in Undergraduate Medical Education.

## WMA Special Meetings

The Committee received an oral report from Dr. Kloiber about two side events just before and during the World Health Assembly in Geneva in May – the first a World Health Professional Alliance conference on Regulation on May 21 and 22, and on May 23 a joint conference with the ICRC on Social Determinants of Health and Health Care in Danger. He also said there would be a One Health Conference, in Fukuoka, Japan (Nov.10–11) together with the Japan Medical Association and the Japan Veterinary Association.

## Associate Membership

Dr. Joe Heyman, Chair of the Associate Members Group, reported on the activities of the group. He said there had been

growth during the year and he spoke about the new Google group which had been established and had discussed many issues, including death and dying, responsibilities of ethics panels in clinical trials, future governance and processes of the Associated Members. He said these activities provided a good platform which led the Associate Members being part of WMA membership as individuals. He encouraged all members to become Associate Members.

## Junior Doctors Network

The Committee received the report of the Junior Doctors Network. In his written report, the JDN Chair, Dr. Ahmet Murt, highlighted the JDN's activities since October 2015 and its future plans. He said the priority of the JDN in the past year had been to expand the membership, both in quantity and its reach. Its projects, initiatives and the meetings attended all served this purpose. The JDN mailing list now included more junior doctors with a balanced representation across all continents. Communications with regional junior doctors' organisations had been active. The JDN sought to be one of the central organisations in the field of postgraduate medical education. The JDN had played an instrumental role representing the WMA at several meetings.

There had been a consensus among the JDN Management Team since last year that a Strategic Plan should be developed in order to better prepare the JDN for the future. A task force had been formed for this purpose and its work was ongoing.

Dr. Murt concluded by saying that the JDN was very concerned about the imposition of contracts on junior doctors in England which would have a negative effect on physicians' welfare and also on patient safety. He said he would like to express the JDN's support for the British Medical Association's actions in not accepting this imposition.

## Past Presidents and Chair of Council Network

The Committee received a report of the Past Presidents and Chairs of Council Network.

## Governance Review

The Committee received a report of the Governance Review Work Group. Prof. van der Gaag, Chair of the Work Group, said five topics had been defined for workgroups to focus on – involvement, inclusiveness and representation; transparency and openness; consistency, efficiency and quality of WMA work; the status of Associate Members; and affordability. He also referred to plans for a survey to be carried out.

## Revision of Rules Applicable to WMA Associate Membership

The Committee considered a proposal to consider Revision of Rules Applicable to WMA Associate Membership and agreed that this matter be referred to the Work Group on Governance Review.

## World Medical Journal

The Committee received the report of WMJ Editor, Dr. Peteris Apinis. He said that over the past year four journals had been published, 35 articles, four interviews and documents from the Council session and the General Assembly. The length of the Journal remained unchanged at 40 pages plus a cover page. The Journal was in digital format and was also sent to libraries in printed format. Demand for the paper version was increasing. He said they were now working to make the WMJ accessible to a larger audience and to raise interest in reading it. He hoped to be able to report some progress at the General Assembly in the autumn.

## Public Relations

The Committee received the Public Relations Report for 2015/16.

## Secondments/Internships

The Committee received an oral report from the Secretary General. He reported that the WMA continued with its internship programmes with the IFMSA which had started in 2013, and with the University of Pennsylvania since 2014. A medical student from Indonesia was now doing an internship and further interns were expected to join during the year. Three bioethics students from Pennsylvania would conduct internships at the WMA office in the summer.

## Saturday

### Reconvened Council

#### Mohammad Wassim Maaz

The reconvened Council meeting began with delegates standing for a minute's silence in memory of Mohammad Wassim Maaz, the Syrian paediatrician, who had been killed in an air strike at the al-Quds hospital in Aleppo three days earlier.

### Medical Ethics Committee

#### Refugees and Migrants

The Council considered the Resolution on Refugees and Migrants introduced by the Swedish Medical Association. This led to a debate in which delegates heard reports from the Turkish and Australian Medical Associations about the refugee situation in their countries. Having amended the wording of the document, the Council agreed the Resolution for immediate publication and for forwarding to the Assembly for formal adoption.

#### Physician Assisted Suicide

The Royal Dutch and Canadian Medical Associations proposed postponing circulation of their draft Statement on Eutha-

nasia and Physician Assisted Dying to allow workshops to be set up to debate what was a very controversial issue. This led to a lengthy debate about how such workshops might operate. Following this, the Royal Dutch and Canadian Medical Associations proposed that their draft document be withdrawn to allow the debate to continue. It was argued that this would allow time for an open debate.

The Council agreed that the proposed Statement should be withdrawn and that the issue of how to progress the debate should be considered by the Council Executive Committee.

#### Health Databases and Biobanks

The Council agreed that the proposed WMA Declaration on Ethical Considerations regarding Health Database and Biobanks be circulated to NMAs, that comments be invited from expert organisations outside the WMA and that a further meeting of the Work Group should take place in September to finalise a document to be presented to the Council in Taipei.

#### Participation of Physicians in Pre-Natal Gender Selection

The Council agreed to send back the proposed Revision of the WMA Statement on the Participation of Physicians in Pre-Natal Gender Selection to the rapporteur to analyze in relation to existing WMA policy on related topics. If the substance of the Statement is not sufficiently covered in the existing policies, the Statement will be reconsidered by the committee.

#### Quality Assurance in Medical Education

The Council agreed that the proposed Declaration on Quality Assurance in Medical Education should be circulated to NMAs for consideration.

## Classification of 2006 Policies

The Council agreed to the Committee's recommendations on classifying policies that were 10 years old

## Finance and planning committee

### Membership Dues Payments

The Council approved the document on Membership Dues Payments for 2015 and the interim Financial Statement for 2015.

### WMA Statutory Meetings

The Council agreed the recommended venues and dates for future meetings.

## Socio-medical affairs committee

### Doctors for Health Equity

The President referred to the draft report 'Working for Health Equity: The Role of Health Professionals' on what doctors could do on the issue of health equity and the social determinants of health. The report looked at the areas of education and training, the health service as employer and working in partnership and advocacy. Sir Michael said that what he was seeking from NMAs were examples of case studies of what had been happening in different countries. A final version would then be published.

### Ageing

The Council considered the proposed Statement on Ageing and approved the document as amended.

### Zika virus

The Council considered the proposed Resolution on the Zika Virus Infection. A further debate took place about the need to include men as well as women among those

who need to be advised on this issue. This was supported and the Council agreed that the document, as amended, be approved and forwarded to the General Assembly for formal adoption.

It was also agreed that a separate general document should be prepared on pandemic management.

## **Role of Physicians in Preventing the Trafficking with Minors and Illegal Adoptions**

The Council agreed that the proposed Statement be circulated among members for comments.

## **Armed conflicts**

The Council agreed that the proposed new Statement on Armed Conflicts should be circulated among NMAs for comments.

## **Occupational Health**

The Council agreed that the new Resolution on Occupational and Environmental Safety as well as Gender Aspects be circulated to NMAs.

## **Ageing**

The Council agreed that the Statement on Ageing be forwarded to the General Assembly for adoption.

## **Boxing**

The Council agreed that the proposed Statement on Boxing be circulated the NMAs for consideration.

## **Tobacco**

The Council agreed that the proposed revision of the WMA Resolution on the Implementation of the WHO Framework Convention on Tobacco Control be forwarded to the General Assembly for adoption.

## **Obesity in Children**

The Council agreed that the proposed Statement on Obesity in Children should be recirculated to NMAs for reconsideration.

## **Physicians' Right to Information**

The Council agreed that consideration of the proposed Declaration on Physicians' Right to Information about the World Medical Association and its Policies be postponed to the next meeting in Taipei in October.

## **Professional Autonomy of Physicians**

The Council agreed to the request that the proposed Declaration on Professional Autonomy of Physicians as the Main Condition for Implementation of the Human Right to Health be withdrawn.

## **Fossil Fuel Divestment**

The Council agreed that the proposed Statement on Divestment in Fossil Fuels be recirculated to NMAs for comments.

## **Global Medical Electives**

The Council agreed that the proposed Statement on Ethical Considerations in Global Medical Electives be forwarded to the General Assembly for adoption.

## **Female Genital Mutilation**

The Council agreed that the Statement on Female Genital Mutilation be approved and forwarded to the General Assembly for adoption.

## **Body Searches of Prisoners**

The Council agreed that the Statement on Body Searches of Prisoners be approved and forwarded to the General Assembly for adoption.

## **Cyber Attacks on Health and other critical infrastructures**

The Council agreed that the proposed Statement on Cyber-Attacks on Health and Other Critical Infrastructures be circulated to NMAs for consideration.

## **Medical Tourism**

The Council agreed that the proposed Statement on Medical Tourism be circulated to NMAs for consideration.

## **Medical Cannabis**

The Council agreed that the proposed new Statement on Medical Cannabis be circulated to NMAs for comment.

## **Classification of 2006 Policies**

The Council agreed the recommendations for reclassifying policies that were 10 years old.

## **World Health Assembly**

Clarisse Delorme reported on the work being done to prepare documents for the World Health Assembly the following month.

Dr. Kloiber said that one issue that would be raised at the WHA was that of the health work force. The United Nations Secretary General had set up a high level commission to discuss this issue and in its evidence to the panel, the WMA had stressed the importance of the health work force as an investment not a cost. The WMA looked forward to the recommendations from the Commission in order to help take this matter forward.

The Chair then brought the meeting to a close.

## WMA Council Resolution on Refugees and Migrants

*Adopted by the 203<sup>rd</sup> WMA Council Session, Buenos Aires, April 2016*

### Preamble

Currently, a very large number of people are seeking refuge and/or asylum; some are fleeing war zones or other conflicts, others are fleeing from desperate poverty, violence, and other injustices and abuses with potentially very harmful effects to mental and physical health.

The global community has been ill prepared for handling the refugee crisis, including addressing the health needs of those seeking refuge.

The WMA recognizes that mass migration will continue unless people are content to stay in their birth countries because they see opportunities to live their lives in relative peace and security and to offer themselves and their families the ability to live lives with opportunities for fulfilment of various sorts, including economic improvement. The global community has a responsibility to seek to improve the lot of all populations, including those in countries currently with the poorest economies and other key factors. Sustainable development will give all populations improved security, and economic options.

The WMA recognizes that warfare and other armed conflict, including continuous civil strife, unrest and violence, will inevitably lead to people movement. The worse the conflict the higher the percentage of people who will want to leave the conflict zone. There is a responsibility for the global community, especially its political leaders, to seek to support peace making and conflict resolution.

The WMA recognizes and condemns the phenomenon of forced migration, which is inhumane and must be stopped. Such cases should be considered for referral to the International Criminal Court.

### Principles

The WMA reiterates the WMA Statement on Medical Care for Refugees originally adopted in Ottawa, Canada in 1998 which states:

- Physicians have a duty to provide appropriate medical care regardless of the civil or political status of the patient, and governments should not deny patients the right to receive such care, nor should they interfere with physicians' obligation

to administer treatment on the basis of clinical need alone

- Physicians cannot be compelled to participate in any punitive or judicial action involving refugees, including asylum seekers, refused asylum seekers and undocumented migrants, or Internally Displaced Persons or to administer any non-medically justified diagnostic measure or treatment, such as sedatives to facilitate easy deportation from the country or relocation.
- Physicians must be allowed adequate time and sufficient resources to assess the physical and psychological condition of refugees who are seeking asylum.
- National Medical Associations and physicians should actively support and promote the right of all people to receive medical care on the basis of clinical need alone and speak out against legislation and practices that are in opposition to this fundamental right.

WMA urges governments and local authorities to ensure access to adequate healthcare as well as safe and adequate living conditions for all regardless of their legal status.

## WMA Council Resolution on Zika Virus Infection

*Adopted by the 203<sup>rd</sup> WMA Council Session, Buenos Aires, Argentina, April 2016*

Recognizing that the WHO has designated the Zika virus infection a global health emergency, the WMA provides the following recommendations.

1. WHO should work with ECDC, CDC and other disease control organisations

to better understand the natural history and current epidemiology of Zika virus infection.

2. Information should be disseminated widely to advise and protect all women and men who live in or must travel to

Zika-affected areas and who are considering becoming parents. Advice should also include recommendations for women who are already pregnant who may have been directly exposed to the Zika virus or whose partners live



in or have travelled to Zika-affected areas.

3. Relevant agencies, including WHO, should gather data on the efficacy of different mosquito control methodologies, including the potentially harmful or teratogenic effects of the use of various insecticides.
4. Work on diagnostic tests, antivirals, and vaccines should continue with an emphasis on producing a product that

is safe for use in pregnant women and public funding should be assured for this research. When such products are developed states should ensure that they are available to, and affordable by, those most at risk.

5. States which have witnessed the delivery of a number of babies with microcephaly and other fetal brain abnormalities must ensure that these infants are properly followed up by health and oth-

er services, and provide support to families seeking to cope with a child with developmental abnormalities. Wherever possible research on the consequences of microcephaly should be published, to better inform future parents, and to allow the development of optimal service provision.

*Mr. Nigel Duncan,  
Public Relations Consultant,  
WMA*

## World Health Assembly Week

Geneva May 23–28 2016



*Nigel Duncan*

The Sixty-ninth session of the World Health Assembly, the supreme decision-making body of the World Health Organisation, was held in Geneva from May 23–28. During the week, delegates agreed resolutions and decisions on air pollution, chemicals, the health workforce, childhood obesity, violence, non-communicable diseases, and the election of the next Director-General. As usual the meeting attracted to the Swiss city a galaxy of world leaders, health ministers, chief medical officers, global leaders from the health professions and countless

lobbyists. Thousands of delegates from the WHO's Member States attended the Assembly, including many WMA leaders. Once again an enthusiastic group from the Junior Doctors Network (JDN) were active in presenting WMA policy on a wide range of topics.

### WHPA Regulation Conference May 21–22

For the WMA, the week began with the fourth World Health Professions Alliance Regulation Conference, held at the Crowne Plaza Hotel in Geneva. The two-day conference, which attracted an audience of 260 people from 47 countries, focused on three major areas – balancing regulation of individual health professionals and of health services, health professional regulation and trade agreements, and the Sustainable Development Goals.

The first speaker, Me André Gariépy, Commissioner for the Recognition of Professional Competence at the Government of Quebec, Canada, delivered a talk entitled 'International regulation rather than national regulation'. He said that globalization and labour mobility were putting pressure on the services sectors and said that calls for

simplification of regulation, aiming at internationalization of professions, were often made. He discussed the different drivers for internationalization of professions and said that the universal good was a driver for the profession.

Mrs Hélène Leblanc, Head of Public and International Affairs at the French Chamber of Pharmacists, spoke about the European Union regulation of healthcare and the implications for health care and health professionals. She talked in particular about qualification recognition and the need to strike the right balance between the mobility of health professionals and allowing free movement while protecting patients. She said that health workers in the EU under investigation in their own country could simply move to another country and practice. This was a challenge for regulators. The key was that competent authorities must exchange information.

Dr. Elizabeth Wiley, Deputy Chair of the WMA's Junior Doctors Network, talked expertly about the new generation of trade agreements and warned they might undermine efforts to achieve universal health care and social accountability. She spoke in particular about the Transatlantic Trade and Investment Partnership and its implications for health care and health professionals. This new generation of agreements were unprecedented in their size, scope and secrecy. One of the most formidable chal-

Challenges in analyzing the agreements and their implications for health professionals and health systems, as well as engaging in advocacy, was the lack of transparency. Access to negotiating texts was limited – the texts were generally not publicly available. Civil society had to rely on leaked texts. Opportunities for engagement were often quite limited as well and stakeholder sessions were often poorly attended and seemed to have limited impact.

She said the TTIP agreement might have broad potential effects on public health and national health and healthcare regulation, including the supply, distribution and movement of health care workers. Its consequences needed to be weighed against the relatively modest economic benefits. She said that TTIP would put corporate interests above those of health.

Dr. Wiley said that this new generation of negotiations had occurred largely outside of existing World Trade Organisation structures. The purported goal of the negotiations was to establish a new model for all future agreements – and, de facto, a new global trade governance framework. The focus of the negotiations had generally been reductions in non-tariff barriers to trade, regulatory harmonization with the goal of further liberalization and ultimately economic growth. But a key question for the health sector was at what cost? She spoke about the Investor State Dispute Settlement (ISDS) mechanism providing a mechanism for investors to bring claims against governments and seek compensation. It provided new and novel opportunities for multinational corporations to challenge domestic laws that threatened their interests. There was concern and some evidence that the mere availability of ISDS might deter governments from adopting laws and regulations that might be targeted for challenge by investors – and this included policies to advance universal coverage including access to medicines.

With respect to health professions' education, she said there was speculation that some provisions, including potentially state-owned enterprise provisions, could be used to incite privatization of higher education.

Dr. Wiley concluded by saying that these trade agreement negotiations might help or hinder efforts to realize universal health coverage and social accountability. There were clearly risks. The health and health care consequences of these agreements must be weighed against potential economic benefits. The implications for health and health care needed to be considered in negotiations and the health sector needed to engage in these negotiations.

Dr. Carmen Catizone, Executive Director of the National Association of Boards of Pharmacy, talked about the effect of technology on health care regulation. Internet web sites and the products and services being offered by them were reshaping the traditional delivery of care. There were problems to be solved about the lack of connectivity of devices. Less than one per cent of all the world's devices were actually interconnected. There was also the widespread availability on the web of illegal and fraudulent drug sites. He spoke about the Dot Pharmacy project that was accessible to accredited organisations to fight counterfeit drugs on the web. It was established to regulate pharmacists online because 96 per cent of internet drug outlets were illegal.

Day Two of the conference looked at balancing regulation of individual health professions and of health services, and it opened with a speech from David Benton, CEO of the National Council of State Boards of Nursing. He set the context of the changes facing regulators and health systems and talked about the emerging trends that regulatory bodies needed to address. These trends could not be addressed in isolation, but needed to

be considered as part of a comprehensive approach to dealing with the reality of a complex adaptive system. He spoke about improvements in joint collaboration and said that protecting the public was not uniquely the responsibility of the individual practitioner, nor was it the responsibility of the regulator, the educator or even the employer. It was a shared responsibility in which they all had to play a part. They were simply instruments in an orchestra that collectively could achieve a miracle.

Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency, spoke about regulatory principles in Australia that helped the health system regulators work together. The goal of protecting the public from harm was shared with many players, including governments, service providers, professional associations and health care consumers themselves. Working together was not an optional activity. It was a core activity. Dr. Margaret Grant, former CEO of the Australian Physiotherapy Council, talked about risk-based approaches to regulation, which she said had the potential to deliver a range of benefits. But for health, it was relatively new. She referred to moving from a light touch to a right touch approach to regulation and said that risk-based regulation of health workers must seek and address the root cause of the risk.

Katya Maznyk, CEO of the Canadian Alliance of Physiotherapy Regulators, stressed the need to focus on patients, patient outcomes and quality of care. She discussed collaborative initiatives that focused on competencies, shared roles and responsibilities and patient engagement to improve the delivery of health services. She explained how the physiotherapy profession used national accepted competencies, shared standards of practice and a code of ethics to promote quality and consistency in regulatory practices. However, she argued that a barrier in inter-professional

collaboration could be differential pay structures for different professions.

The final session of the conference was on the WHO's draft global strategy on human resources for health. It began with Jim Campbell, Director of the Health Workforce Department at the WHO, explaining the background to the strategy. He was followed by the last speaker, Sir Michael Marmot, President of the World Medical Association, whose well-received talk was entitled 'Sustainable Development Goals: What is the impact on Human Resources for Health'. He spoke about the goal to achieve healthy lives and wellbeing for all at all ages. This was not only a matter for the health sector but was inter-sectorial. What was needed was coherent action across sectors and society on the social, economic, environmental and political determinants of health. He was absolutely sure that an educated and dedicated health work force was vital to a civilized society.

He said a key question he always asked was 'Why treat people and send them back to the conditions that made them sick'. He argued the need for social justice and the creation of conditions for people to have control over their lives. Health equity and the social determinants of health were inextricably linked with sustainable development. He wanted everyone to be concerned about the inequalities of health between and within countries. He illustrated his arguments with statistics about differing life expectancy throughout the world, mortality statistics among under-fives and the importance of improving mothers' education. He said they should all be standing up for all policies that were likely to have a positive impact on health and a fairer distribution. They needed to be advocates for policies that would improve the health of populations and patients they served. And he ended with his familiar mantra 'Health is a human right: Do something, do more, do better'.

Following a panel discussion, the conference ended with a spirited summing up of the two days of debate by Dr. Ardis Hoven, Chair of the WMA. She said the discussion had demonstrated that they must have regulatory models that were flexible and adaptable. They must keep the patient-centred focus and they must all collaborate and remove barriers. A shared responsibility was a core issue for all of them.

## 'Insecurity and Social Determinants of Health'

The following day, Monday May 23, a side event was organised by the WMA and the Junior Doctors Network, jointly with the International Committee of the Red Cross, held at the ICRC's headquarters. The purpose of the well-attended event was to identify social determinants of health as potential drivers of violence, to explore strategies to address health challenges through SDH in terms of prevention, ensuring safety of patients and health professionals, and to raise awareness of the relevance of SDH as a way forward to protect health and prevent insecurity.

The keynote speech was given by Sir Michael Marmot. He said that the different aspects of insecurity were linked – social insecurity, economic insecurity, political insecurity and insecurity in terms of safety and peace. The social determinants of health were the drivers of conflict as well as the consequences of conflict and the drivers of health inequalities. Insecurity came from the detrimental effects on the health of whole populations, on the social determinants of health and on the effects of other countries through refugees seeking asylum and insecure borders.

Sir Michael argued that the direct effects of conflict of death, physical and mental morbidity and disability had to be added to the considerable indirect effects due to the breakdown of social life and infrastructure.

These included the destruction of education and health systems, macroeconomic and household economic losses, population relocation and the destruction of social networks and detrimental environmental aspects.

He said that the main countries where the world's refugees came from were Syria, Afghanistan, Somalia, South Sudan and the Congo, all areas of great conflict. This mass migration would continue unless and until people were content to stay in their birth countries because they saw the opportunities to live their lives in relative peace and security.

He went on: 'We need urgent action to prevent the consequences on the health of a whole population, the resulting problem of refugees, insecure borders and the violation of human rights. We need action to prevent the random sexual violence that women face, the great mortality and morbidity that children suffer, the widespread loss of jobs adults face and the collapse of health service systems. The unrelenting poverty and oppression that flow from conflict are indefensible.'

Action was required across all sectors to give every child the best start in life, to enable all children, young people and adults to maximise their capabilities and have control over their lives, to create fair employment and good work for all, to create and develop healthy and sustainable places and communities and to strengthen the role and impact of ill health prevention. This, he argued, was why it was important to tackle the social determinants of health around the globe. In short, a world where social justice was taken seriously.

Also speaking was Dr. Elizabeth Wiley, on behalf of the Junior Doctors Network. She spoke about insecurity and health professional safety from a junior doctor perspective. As a network and community of junior doctors, one of the areas of focus over the

last few years had been the safety and well-being of junior doctors around the world. From colleagues across continents, regions, countries and cultures, they had heard stories of physical and even sexual violence and harassment in health care settings, and these risks were amplified by conflict. Junior doctors in rural areas were particularly susceptible to these threats

She said the relationship between the social determinants of health and insecurity and conflict was both undeniable and multifaceted and bidirectional, and created creates conditions under which the safety of patients and health care workers might be at risk. But there were no easy solutions to protecting the safety of health care workers. However, what seemed to be clear from a junior doctor perspective was the imperative to address the social determinants of health as a preventive strategy to protect health professionals.

Dr. Wiley highlighted two particular opportunities. First was the pending adoption of the Global Strategy on Human Resources for Health that week. It was critical that member states and civil society alike recognized the urgent need to ensure the safety of health professionals, for the recruitment and retention of a robust, fit-for-purpose global health workforce. Second, another important opportunity for prevention was in medical education. Specifically, key concepts needed to be fully integrated into medical education around the social determinants of health, insecurity and safety, violence prevention and most importantly advocacy, because it was their responsibility as health professionals to address health inequities and be advocates for and with the patients they served.

## World Health Assembly

Throughout the week, delegates from the Junior Doctors Network attended the main

Assembly sessions and presented a series of interventions, setting out WMA policy. They delivered speeches on topics including air pollution, antimicrobial resistance, promoting the health of migrants, health workforce and violence against women. This was accompanied by a mass of activity on the WMA twitter site.

## Assembly Resolutions

During the week the Assembly approved new resolutions on WHO's Framework for Engagement with Non-State Actors, the Sustainable Development Goals, the International Health Regulations, tobacco control, road traffic deaths and injuries, nutrition, HIV, hepatitis and STIs, mycetoma, research and development, access to medicines and integrated health services.

The WHO Framework of Engagement with Non-State Actors, adopted after more than two years of intergovernmental negotiations, provides the Organization with comprehensive policies and procedures on engaging with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

On Sustainable Development Goals delegates agreed a comprehensive set of steps that lay the groundwork for pursuing the health-related Goals. They agreed to prioritize universal health coverage, and to work with actors outside the health sector to address the social, economic and environmental causes of health problems, including antimicrobial resistance.

On road traffic deaths and injuries delegates adopted a resolution requesting Member States to accelerate implementation of the outcome document of the Second Global High-Level Conference on Road Safety 2011–2020 held in November 2015, and on nutrition they adopted two resolutions urg-

ing countries to make concrete policy and financial commitments to improve people's diets, and calling on UN bodies to implement national nutrition programmes and support monitoring and reporting mechanisms.

## Ihsan Doğramacı Family Health Foundation Award

The week ended when Sir Michael Marmot was awarded the Ihsan Doğramacı Family Health Foundation prize for his work in family health. Accepting the award, he said that the WHO need not dictate to Member States what they should do. But instead, it could play a key function simply by bringing the evidence he had amassed into the policymaking process.

'Nobody has to listen to me,' said Sir Michael. 'But I can speak passionately about the evidence. So, that is not telling people what to do, but it is leading them to the conclusions of what the evidence suggests we should be doing.'

*Mr. Nigel Duncan,  
Public Relations Consultant,  
WMA*



## Council of Europe Recommendation on Biobanks



Elmar Doppelfeld

Very recently, on 11 May 2016, the Committee of Ministers of the Council of Europe (see box) adopted a revised recommendation on research on biological materials of human origin<sup>1</sup>. This new document replaces a similar recommendation<sup>2</sup> of the year 2006. Important provisions are kept like “broad consent” or access to and use of stored human biological material without the free informed consent of the donor only exceptionally under specific conditions.

Such a research needed and will need in the future a favourable opinion of an en-

titled ethics committee and, if required by national law, the approval of a competent authority. There have been, during the years of the elaboration of the new document, several attempts to weaken specifically this latter provision, which has been, however, confirmed as it stands since 2006.

As the previous one the revised recommendation is based in the framework of the Council of Europe given by the Oviedo Convention<sup>3</sup> and by the Additional<sup>4</sup> protocol on biomedical research. The recommendation is aimed to give a synergy between the protection of the human rights of the donor of the material and the need of research based on human tissues becoming more and more important. It addresses all researchers including researching physicians. It is up to national legislators how and in which way proposals of professional or other groups – NGOs – are respected or followed during the procedure of the implementation of the recommendation into the legal system.

This overview follows the structure of the recommendation and is formulated narrow to its wording, which is sometimes quoted, to prevent any misunderstanding of the legal instrument which covers research on stored biological materials as defined by its scope.

### Scope

The recommendation applies to the obtaining of biological materials of human origin for storage for future research purposes, to the storage of such materials for future research purposes and to the use in a research project of those materials that are stored or were previously obtained for another purpose, including a previous research project. It does not apply to embryonic and foetal biological materials and not to the use in a specific research project of human materials removed for the sole purpose of that project. (Covered by the Research protocol, see footnote 4). Associated personal data are included in the scope. A definition of identifiable and non identifiable biological material is given in the text.

### General provisions

General provisions address different aspects of the research in view. The physical risks arising from removal of biological materials for storage for future research should be minimised. Other risks for the donor and, where appropriate, for the family or for persons in the same group as the donor, related to research activities, in particular the risks to private life, should be minimised also. Risks should not be disproportionate to the potential benefit of the research activities. Appropriate measures should be taken to prevent discrimination against, and to minimise the likelihood of stigmatisation of, any person, family or group. Refusal to give consent to or authorisation for the removal, storage or research use of biological materials or the withdrawal or alteration of the scope of the consent or authorisation should not lead to any form of discrimination against the person concerned, in particular regarding the right to medical care. Biological materials of human origin should not, as such, give rise to financial gain. Confidentiality on any information of personal na-

<sup>1</sup> Recommendation CM/Rec(2016)6 of the Committee of Ministers to member States on research on biological materials of human origin (*Adopted by the Committee of Ministers on 11 May 2016 at the 1256th meeting of the Ministers' Deputies*)

<sup>2</sup> Recommendation Rec(2006)4 of the Committee of Ministers to member states on research on biological materials of human origin (*Adopted by the Committee of Ministers on 15 March 2006 at the 958th meeting of the Ministers' Deputies*)

<sup>3</sup> Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, CETS No. 164

<sup>4</sup> Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research, CETS No.195



## Council of Europe

The Council of Europe, established in 1951, should not be confused with the European Union. Both may be considered as “intergovernmental bodies” with different intentions.

The Council with its 47 Member States, representing around 830 Millions of citizens, has the main mission to promote and to harmonise human rights and fundamental freedoms. To this aim the Council uses Conventions and Additional protocols to these Conventions. These treaties enter only into legal force by signature and ratification of a Member State to safeguard the democratic procedure and basis. In contrast to the EU the Council has no right to issue regulations with binding force for its Member States. Recommendations may be considered as a proposal to the Member States how to regulate specific fields. They are however, in structure and content imbedded in the legal framework.

When implementing legal provisions of the Council of Europe the national legislator decides how and to which extent proposals from NGOs will be accepted.

ture collected in removing, storing or using biological material or in obtaining by the research must be safeguarded according to the rules for the protection of private life. This provision applies also in transfer of biological materials. Member States are invited to improve the interest of the public on research on biological materials by appropriate information. Member States are free to introduce wider protection than is stipulated in the recommendation.

## Obtaining and storage for future research

Introductory remarks. Obtaining human biological material for future research can in a specific manner violate human rights. Therefore this recommendation entails rather strong and detailed provisions. These provisions address different central fields. Valuable information is the appropriate basis for a free informed consent of the donor of the biological material. If this person is not able to consent according to law, e.g. because of age or disease, “free informed consent” is substituted by “authorisation”. The manner and the provisions for that authorisation differ from

State to State. Therefore the recommendation as a legal instrument uses a rather specific wording to cover these different regulations: “authorisation of his or her representative or an authority, person or body provided for by law”. To facilitate the understanding of this article the expression “legal representative” is used addressing the various regulations. However independent from any internal regulation, the legal representative receives the same information and exercises the same rights as the represented person if being able to consent. Usually consent or authorisation are given for specific research projects. In contrast specific research projects are not yet identified in the moment of storage of material for future research. It is accepted more and more that an autonomous person or the legal representative can consent also to this situation on the basis of appropriate information (see below). The person may define restrictions of the scope of the research and may ask to be contacted before any other use of the material. To safeguard human rights the donors are insured that the material is only used for research projects reviewed by an ethics committee and, if required by law, approved by a competent body. These two basic conditions for

broad consent are taken over from the former recommendation. Finally: consent or authorisation is needed for the use of different materials: those removed specifically for future research, materials already used for research and afterwards stored and materials removed for other purposes than research, e.g. for diagnosis or treatment, often known as “left overs.” For person from whom this material has been removed the term “donor” is used in this text.

## Information

Prior to consent to or to authorisation for the storage of biological materials for future research, the person concerned or, in case of a donor not able to consent, the legal representative should be provided with comprehensible information that is as precise as possible in view of the nature of any envisaged research use and the possible choices that he or she could exercise, the conditions applicable to the storage of the materials, including access and possible transfer policies and any relevant conditions governing the use of the materials, including re-contact and feedback. The donor or the legal representative should also be informed of the rights and safeguards provided for by law, and specifically of his or her right to refuse consent or authorisation and to withdraw consent or authorisation at any time. This information should also include any possible limitation on withdrawal of the consent or authorisation. Prior to the removal of biological materials the donor or the legal representative should be provided with additional information specific to the intervention carried out to remove the materials.

## Biological materials from persons able to consent

Biological materials should only be removed for storage for future research with

the prior, free, express and documented consent of the donor given the information as outlined above. Biological materials previously removed for another purpose – sometimes addressed as “left overs in clinical routine” – should only be stored for future research with the consent of the person concerned as provided for by law. Whenever possible, consent should be requested before any removal of biological materials. Biological materials previously removed for another purpose and already non-identifiable may be stored for future research subject to authorisation provided for by law.

## Biological materials from persons not able to consent

Research on biological materials from persons not able to consent, e.g. minors or adults with specific diseases, may be justified. However the obtaining and the use of these materials require specific protective provisions. Biological materials from these persons who, according to law, are not able to consent “should only be obtained or stored for future research having the potential to produce, in the absence of direct benefit to the person concerned, benefit to other persons in the same age category or afflicted with the same disease or disorder or having the same condition, and if the aims of the research could not reasonably be achieved using biological materials from persons able to consent.” Under this precondition, quoted from the recommendation, biological materials should only be removed from a person not able to consent if the removal only entails minimal risk and minimal burden and with the written authorisation for such removal given by the legal representative. The necessary authorisation should be specific to the intervention carried out to remove the materials and as precise as possible with regard to the envisaged research use. Biological materials previously removed for another purpose from a person not able to consent should

only be stored for future research with the authorisation given in the same procedure as mentioned above. Whenever possible, authorisation should be requested before any removal of biological materials. There are specific provisions for the authorisation procedure. If the person not able to consent is an adult, he or she should, as far as possible, take part in the authorisation procedure. If the person not able to consent is a minor, his or her opinion should be taken into consideration as an increasingly determining factor in proportion to age and degree of maturity. Any objection by the person not able to consent should be respected. Any wishes previously expressed by such a person should be taken into account. Where a donor, not able to consent in the moment of removal of biological material, attains or regains the capacity to consent, reasonable efforts should be made to seek his or her consent for continued storage and research use of his or her biological materials. Biological materials previously removed for another purpose from a person not able to consent and which are already non-identifiable may be stored for future research subject to authorisation provided for by law.

## Right to withdraw consent or authorisation

The donor of identifiable biological materials stored for future research should, without being subject to any form of discrimination, in particular regarding the right to medical care, retain the right to withdraw consent at any time or to alter the scope of that consent. When identifiable biological materials are stored only, the person who has withdrawn consent should have the right to have, in conformity with national law, the materials and associated data either destroyed or rendered non-identifiable. The donor considering withdrawing consent should be made aware of any limitations on withdrawal of his or her biological materials.

The legal representative having authorised the storage for future research of identifiable biological materials removed from a person who is not able to consent, should have the same rights as listed above. There should be no form of discrimination for the donor, in particular regarding the right to medical care. Where a donor attains or regains the capacity to give consent, he or she should have the rights to withdraw the authorisation under the conditions as outlined.

## Removal of biological material from a deceased person

Biological materials should only be removed from the body of a deceased person for storage for future research with the consent given during life or with authorisation provided for by law. Biological materials should not be removed if the deceased person is known to have objected to it.

## Governance of collections

### General conditions

The storage of biological materials to be used for future research should only be done in a structured manner and in accordance with principles of governance as laid down in the recommendation. The person and/or institution responsible for the collection should be publicly known. Transparency and accountability should be the leading principles of the management. To this end information on specification, access to, use and transfer of the stored material should be publicly available. Before any change of the purpose of a collection an independent examination of its compliance with the provisions of the recommendation should be carried out. As consequence of this examination may result the requirement of renewed

consent or a renewed authorisation in relation to the change of the purpose. Each sample in the collection should be appropriately documented and traceable. For an appropriate documentation information on the scope of any consent or authorisation is necessary. Quality assurance measures should be in place concerning an appropriate security and confidentiality during establishment of the collection, storage, use and for the case of transfer of biological materials. Transfer of the whole or of part of the collection as well as its closure may only be performed following established procedures in accordance with the original consent or authorisation. The exercise of the right to withdraw consent or authorisation needs updated information on management and use of a collection. This information should be available therefore for the persons concerned, the donor or the legal representative. For more public acceptance of a collection are advisable regular reports on past or envisaged activities, information on access granted to materials and on progress in research projects using the stored samples. The publication of a summary of findings on completion of each research projects will contribute to the public acceptance of collections.

## Individual feedback

Article 10 of the Oviedo Convention underlines for the health field the right of a person “to know or not to know”, which is taken up by the recommendation. In line with this provision clear policies are required to inform on findings relevant for the health of the persons detected in the use of their biological materials. The same information should be given when persons, who are not able to consent, are the source of the material. This feedback should take place within a framework of appropriate health care or counselling. The wishes not to be informed on these findings should be observed.

## Access

For safeguarding an appropriate access to and use of stored biological materials by researchers clear conditions should be set up and documented. These conditions should include the respect for any restrictions defined by the donor or during the procedure of authorisation. Transparent policies of access and oversight of a collection should be published. Appropriate access mechanisms may contribute to maximise the value of collections. Traceability of the use of the stored materials can have an additional benefit.

## Transborder flows

Research on human biological materials as all research is carried out in an international context, exchange of samples between researchers working in different States with often different levels of protection is common. In relation to this fact the recommendation requires that in case of any transfer of materials to another State an appropriate level of protection is ensured. This can be achieved by the law of the accepting State. As a solution are also considered legally binding and enforceable instruments adopted and implemented by the parties involved in the transfer for future research activities. To this end may serve a documented and signed agreement between the sender of the materials and the recipient. The agreement should include statements on consent or authorisation and on relevant restrictions as defined by the donor or by the legal representative.

## Oversight

A collection may be established only after an independent examination of its compliance with the provisions of the recommendation. Once established a collection should be subject to an oversight proportionate to the

risks for the donors of the materials stored in that collection. The specific aim of this oversight is safeguarding the rights and interests of the donors in view of the research activities of the collection. The recommendation entails oversight mechanisms, understood as minimum items. Object of such an oversight is the implementation of security measures and of procedures on access to, and use of, biological materials. The above mentioned system of annual reports is another object. The oversight includes any changes in the risks to the donors of the collected material. As a result the revision of policies may be requested. The provision of appropriate information to the donor or to the legal representative responsible for a given authorisation on changes in the management of the collection is part of the oversight. This is a condition for exercising the right to withdraw. Another important issue for the oversight are development and implementation of feedback policies including a regular review. Oversight mechanisms may be adapted to evolutions of the collection and of its management.

## Use of biological materials in a research project

### General provisions

This chapter of the recommendation can be considered as meeting point of requirements of research and of protective provisions. As a basic principle is accepted that biological materials can only be used if the envisaged research project is within the scope of a given consent or authorisation. If this condition is not fulfilled consent or authorisation to use the material for that specific research project should be sought. To this end reasonable efforts are required to contact the donor or the person or institution entitled to give an authorisation. It may happen that a person, in the moment of removal of biological material or later on, expresses the wish to be no more contacted. This wish should be ob-

served. In case of unsuccessful attempts of these contacts the biological materials may be used if an independent evaluation states the fulfilment of the following conditions as a whole. Evidence is provided that reasonable efforts have been made to establish the above mentioned contacts – a sole declaration of the researcher is not considered as sufficient. The research project addresses an important scientific interest and is in accordance with the principle of proportionality. The aim of the research can only be achieved using these materials which can not be substituted by materials for which consent or authorisation can be obtained. Finally it is not known that the donor or the legal representative has expressly opposed such research use. These are of course rather strong conditions for scientific use of materials without consent or authorisation. The recommendation tries to open the way in a distinct frame to bind a decision on specific conditions to enable a synergy of the needs of research and of the protection of individuals. Identifiability and non-identifiability play a major role in research. The use of material in an identifiable form should be justified in advance in the research protocol to be submitted for examination. Rendering materials non-identifiable may be considered as an easier way for their use. However the recommendation requires that rendering materials non-identifiable is depending on the consent of the donor or of the legal representative. Both of them may define restrictions which must not be violated using these materials when rendered non-identifiable. The recommendation addresses specifically the attention to any authorisation by law. The research use of biological materials removed of persons not able to consent is object of a controversial discussion. The recommendation entails the following provision, elaborated in line with the Oviedo Convention and the Additional protocol concerning biomedical research: “Biological materials from persons who, according to law, are not able to consent should only be used for research hav-

ing the potential to produce, in the absence of direct benefit to the person concerned, benefit to other persons in the same age category or afflicted with the same disease or disorder or having the same condition, and if the aims of the research could not reasonably be achieved using biological materials from persons able to consent.”

## Independent review

The recommendation requires an independent review of research proposals using biological materials. This review follows the system established in the research field. By an independent examination scientific merit, importance of the aim and the ethical acceptability of the research have to be proved. No research should be undertaken without this examination. This examination is usually carried out by an ethics committee according to national law. The recommendation states explicitly that national law may in addition require approval by a competent body. Principles concerning ethics committees are contained in Chapter III of the Additional Protocol concerning biomedical Research (see footnote 4). The recommendation proposes Member States to apply these principles to the review of the research project within its scope. Review procedures should be flexible and may therefore be adapted to the nature of the research and to the possible identification of the donors.

## Availability of results

The recommendation tries to prevent the well known “silent death or silent disappearance” from research projects. Therefore on completion of a project a report or summary should be sent to the ethics committee or the competent body and to the collection granting the materials. Another well problem is the scientific publication of results. It seems that researchers legally cannot be forced to publish results of their research.

The same difficulty was met during the elaboration of the Protocol concerning biomedical research (see footnote 4). The recommendation uses a nearly identical wording: “The researcher should take appropriate measures to make public the results of research in reasonable time.”

## Closing remarks

Research on human biological materials addresses two fields of problems: the removal of the donor and the scientific use. Whereas it is unanimously accepted that the removal needs consent or authorisation the conditions for use are still in discussion. It is argued, that there is no physical harm to a person if his or her materials, separated from the body, are used. However the idea is since decades adopted also that the donor should have the right to define this use – treatment and/or research. The way for the protection of this right is object of controversial discussions. The recommendation agreed by 47 European governments shows a solution respecting as far as possible the different positions and national legislations.

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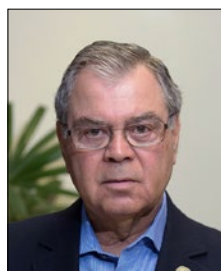
## Zika virus infection and pregnancy



Florentino Cardoso



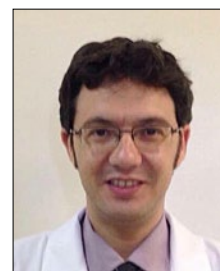
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Ricardo Simões



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### Description of the Evidence Collection Method:

The literature review of manuscripts was held in the databases Medline, Embase and Cochrane, using the terms (MeSH terms) individually or grouped structured according to P.I.C.O. ("Patient", "Intervention", "Control" and "Outcome") methodology. After carefully reading the titles and abstracts, only articles containing relevant information to the components of P.I.C.O. were included. The studies were analyzed for relevance and level of evidence according to the *Oxford Centre for Evidence Based Medicine* [1] (D) table.

#### Grade of recommendation and strength of evidence

- A. Experimental or observational studies of higher consistency.
- B. Experimental or observational studies of lower consistency.
- C. Case reports/non-controlled studies.
- D. Opinions without critical evaluation, based on consensus, physiological studies, or animal models.

### Objective:

This guideline is intended for physicians, nurses, public health officials and patients at risk of infection with Zika virus, with the purpose of assessing the effects on the period of pregnancy and postpartum.

### Conflict of interest:

No conflict of interest was declared by the participants in the development of this guideline.

### Introduction

Zika virus, first isolated in 1947 in rhesus monkeys, is an arbovirus, member of the Flaviviridae family. First found in humans in Nigeria in 1954, for 50 years was described as a cause of sporadic human infections in Africa and Asia, until in 2007 an epidemic took place in Micronesia [2,3] (C). More recently in Brazil, The Ministry of Health, as verified by the data provided by the Live Births Information System – SINASC, has recorded substantial increase in the number of cases of microcephaly after a high incidence of infection. The clinical features and natural history of Zika infection are based on a limited number of case reports; however, it is clear that vertical transmission of the virus can occur during pregnancy, as seen in a series of reports of cases of microcephaly among children whose mothers were infected with Zika virus [4,5] (C) [6] (D). In view of these aspects, the development of clinical guidelines regarding the knowledge acquired to date on an association between infection with Zika virus and its effects on pregnancy and childbirth is imperative in order to delimit and advise on panoramas related to **preconception counseling, prenatal, labor, postpartum and newborn care.**

### Objectives

Prepare a clinical guideline that includes, in light of current scientific evidence available, answers to clinical questions structured

according to the components of P.I.C.O. (P [Patient]; I [Intervention]; C [Comparison]; O [Outcome]).

### Material and Methods

The evidence used to evaluate the occurrence of infection with Zika virus during pregnancy was obtained according to the following steps: preparation of the clinical question, structuring of the question, search for evidence, critical evaluation and selection of evidence.

#### Structured questions

1. During pregnancy, what is the association between Zika virus and microcephaly?
2. What is the association between Zika virus and Guillain-Barré syndrome? Is it different during pregnancy? Can it affect the fetus?
3. What are the symptoms in pregnant women with suspected Zika virus infection? Are they different than in the general population?
4. How to make a definitive diagnosis of Zika virus infection during pregnancy?
5. What is the treatment for Zika virus infection during pregnancy?
6. How is the follow-up of pregnant women infected with Zika virus done?
7. What are the precautions to be taken with babies born from pregnant women with a history of Zika virus infection?
8. What care is required for newborns diagnosed with microcephaly during pregnancy?



## Databases consulted

Primary scientific databases consulted were Medline, Embase and Cochrane using the terms “Zika Virus” and “Pregnancy” individually or grouped. A manual search from the references of narrative reviews was also performed. **Chart 1** displays the number of studies retrieved from each scientific database until 2/23/16.

**Chart 1.** Number of studies retrieved by primary database

Database	Number of studies
PubMed-Medline	173
Embase	171
Cochrane	0

## Inclusion criteria for studies retrieved

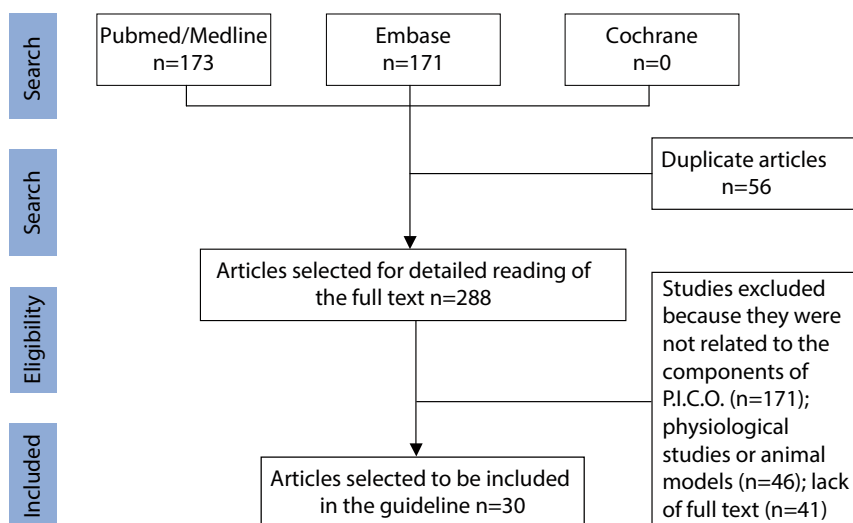
Selection of studies, assessment of titles and abstracts was conducted by two researchers (R.S.S. and W.M.B.) both independent and blinded. Whenever the title and the summary were not enlightening, researchers sought the full article. Case reports, case series and *guidelines* were included in the evaluation. Narrative reviews were included in the reading with the purpose of retrieving reference that could have been lost in the initial search strategy. Physiological reports or studies based on animal models, as well as those unrelated with our P.I.C.O. components, were not included. Only articles whose full text was available were included in the guideline. We included studies available in Portuguese, English, French or Spanish.

## Studies retrieved

After entering the search strategy in the primary databases the assessment of titles and abstracts led to the selection of 288 studies.

## Evidence selected

The studies considered for full text reading were assessed according with the set



**Figure 1.** Flowchart for study selection

inclusion and exclusion criteria, **P.I.C.O.**, language and availability of the full text (**Figure 1**).

### 1. During pregnancy, what is the association between Zika virus and microcephaly?

In Brazil, a possible association between Zika virus infection during pregnancy and microcephaly has been under investigation since October 2015 when the Ministry of Health reported an increase in the number of cases of microcephaly close to 20 times of that previously reported (approximately 0.5 cases for each 10,000 live births) after an outbreak of this virus [10,11] (**D**). This report made the Pan American Health Organization (PAHO) publish a warning about the increased occurrence of microcephaly in Brazil [12] (**D**). In the same year, the PAHO reported viral genome identification using reverse transcriptase technique followed by polymerase chain reaction in real time (RT-PCR) in amniotic fluid samples from two pregnant women whose fetuses had microcephaly identified during ultrasonography performed during prenatal monitoring. In addition, the Zika virus RNA was identified in various tissues, including the brain,

of a child with microcephaly who died in the immediate neonatal period [13] (**D**). These events led to new alerts issued by the Ministry of Health of Brazil, the European Centre for Disease Prevention and Control (ECDC), and the US Center for Disease Control and Prevention (CDC) on a possible association between microcephaly and the recent outbreak of Zika virus infection [14,15] (**D**). The first case of congenital malformations (microcephaly) found in the European Union and which is associated with infection by Zika virus during pregnancy, was published in February 2016 [4] (**C**). The report was that of a case of fetus with microcephaly, whose mother had Zika virus infection in the first trimester of pregnancy after a trip to Brazil [4] (**C**). The sudden increase in the number of children born with microcephaly associated with brain damage typically seen in congenital infections in regions where newly circulating virus outbreak occurred, as well as the identification of viral genome in amniotic fluid, are suggestive of a possible causal relationship. Also, neurotropism of this virus is known since 1952, found in studies using guinea pigs [16] (**C**) [17] (**D**). However, some questions are necessary to understand and validate the relationship of cause and

effect. The first point refers to the prevalence of the historical birth of infants with malformations of the central nervous system in Brazil, which is about five cases per 100,000 live births, less than the estimates recently made of 10 to 20 cases per 100,000 live births. This may indicate the occurrence of underreporting of microcephaly in the country [18] (D). Thus, any active search for this congenital malformation would be able to increase its prevalence, with a clear excess in the number of cases. Another point related to the increase in the number of cases would be the change in diagnostic criteria, accepting as microcephaly cases of head circumference measuring less than 33 cm, and possibly explaining a situation of over-diagnosis. Since the infection with Zika virus in newborns and pregnant women was not confirmed by laboratory tests at first, another relevant question is that the history of nonspecific rash referred to during pregnancy is subject to recall bias and may have incurred potential misclassification regarding exposure to Zika virus. Regardless of any controversies to confirm, or not, the role of Zika virus in the genesis of cases of microcephaly, measures to prevent infection with this virus are necessary and unquestionable.

## 2. What is the Association Between Zika Virus and Guillain-Barré Syndrome? Is it Different During Pregnancy? Can it Affect the Fetus?

**Guillain-Barré syndrome** (GBS) is a neurological disease that consists of an acute autoimmune inflammatory demyelinating polyneuropathy. This is the leading cause of widespread flaccid paralysis in the world with an annual incidence of 1 to 4 cases per 100,000 inhabitants [19] (D). It typically appears in two to three weeks after nonspecific viral infection. The occurrence of neurological syndromes after infectious processes by dengue virus and chikungunya has been described since the late 1960s, and with Zika virus infection since 2007, especially after the outbreaks in Micronesia and in French Polynesia [2] (C).

In the primary databases consulted, there is only one case report on French Polynesia in which GBS was diagnosed in a patient infected with Zika virus. The report showed the first case of GBS manifested seven days after febrile illness characterized as Zika virus infection based on serological results [20] (C). The association between Zika virus infection and Guillain-Barré syndrome still needs confirmation through analytical studies. One factor that hinders greater understanding about this association in Brazil is the lack of epidemiological data specific to this syndrome.

## 3. What are the symptoms in pregnant women with suspected Zika virus INFECTION? Are they different than in the general population?

It is estimated that 80% of people infected with Zika virus do not develop clinical manifestations as seen from epidemiological studies, however, when they appear, signs and symptoms usually are fever, pruritic maculopapular rashes, non-purulent conjunctivitis, fatigue and myalgia, and joint pain in the extremities (wrist/ankle), often associated with edema. Other unspecific manifestations that may be reported are headache, retro-orbital and abdominal pain, diarrhea, vomiting, constipation and cough [3,4,21-24] (C). No sign is pathognomonic of infection with Zika virus.

Studies specifically evaluating the population of pregnant women infected with Zika virus are rare in the literature. However, a case series conducted in Brazil revealed that 72.4% (n = 21) of the women experienced rash; 44.8% (n = 13) had fever; 37.9% (n = 11) had arthralgia; with headache in 17.2%, and pruritus in 13.8%. All pregnant women denied ophthalmologic manifestations [23] (C). In this study, other causes for the symptoms were excluded such as infection with cytomegalovirus, rubella, herpes virus, syphilis, toxoplasmosis and HIV. Nevertheless, the major problem in this assessment would be the sample which was made for the convenience of women who showed signs and

symptoms suggestive of infection with Zika virus. Another point of great limitation for the interpretation of these results is the lack of statistical analysis which would make it impossible to claim that the percentages or findings are exclusive to this population or if they can be extrapolated to all presumed infections with Zika virus [23] (C).

## 4. How to make a definitive diagnosis of Zika virus INFECTION during pregnancy?

Information about laboratory abnormalities during Zika virus infection are scarce in the literature, but leukopenia, thrombocytopenia, elevation of serum lactate dehydrogenase, and elevated markers of inflammatory activity such as C-reactive protein are reported [25,26] (C).

A limiting factor that hinders a direct biological diagnosis, especially using molecular biology techniques, and may be related to false-negative results is that the Zika virus genome is made of ribonucleic acid (RNA) which is very fragile. The Zika virus can be isolated in cell cultures such as Vero cells, and its identification is done by indirect immunofluorescence. However, this technique is reserved for specialized laboratories [24] (C). Immunoenzymatic test (ELISA) for detection of immunoglobulins (IgG and IgM) and plaque-reduction neutralization test (PRNT) can be used. But there is a problem related to serological testing which is the possibility of cross-reactivity as a result of previous infection by other flavivirus [4] (C) [27] (D).

The identification of viral genome by reverse transcriptase followed by real-time polymerase chain reaction (RT-PCR) from RNA directly extracted from the patient's serum and preferably collected up to the sixth day of the disease is the **most sensitive and specific method** for diagnosis of Zika virus infection [4,29] (C) [28] (D). One must be aware of the possibility of false-negative results since, contrary to what is observed for other viruses, the restricted circulation of Zika virus has limited the knowledge about its actual genetic diversity.

## 5. What is the treatment for Zika virus INFECTION during pregnancy?

There are no vaccines, preventive drugs, or specific antiviral treatments for Zika virus infection. Treatment is generally supportive and may include rest, hydration, non-steroidal anti-inflammatory drugs or non-salicylic analgesics used on an individual basis after careful clinical evaluation. Given that clinical diagnosis is not conclusive, and even serological analysis may fail, the use of salicylates as analgesics should be discouraged because of the increased risk of hemorrhagic events described in hemorrhagic syndromes, as in other flavivirus infections. The pathophysiology of cutaneous manifestations remains unknown, but antihistamines may be of benefit to patients, acting as a sedative and not as an agent to treat the cause of the itching [30] (D).

## 6. How is THE follow-up of pregnant women INFECTED WITH Zika virus done?

Pregnant women tested positive for Zika virus infection (identified by RT-PCR or detection of IgM/IgG immunoglobulins) should be referred for high-risk prenatal care. There are no studies with an appropriate design plan for the monitoring of pregnant women diagnosed with Zika virus aiming to assess the prognosis or quality of life. However, if the fetal ultrasound examination is normal in women tested positive for Zika virus infection, both physician and patient should consider scheduling ultrasounds serially every 3 to 4 weeks to monitor fetal anatomy and growth [31] (D).

## 7. What are the precautions to be taken with babies born from pregnant women with a history of Zika virus INFECTION?

Targeted diagnostic tests to identify Zika virus infection should be recommended for infants with microcephaly or intracranial calcifications born to women who traveled to or lived during pregnancy in areas where

the virus circulates; or children born to mothers with positive or inconclusive results for Zika virus infection. A newborn is considered congenitally infected if viral RNA or antigen is identified in any samples presented for analysis, including testing of amniotic fluid or placental cord blood analysis. For newborns with laboratory evidence of possible congenital infection with Zika virus, further clinical evaluation and monitoring are recommended. In these cases, clinical history, physical examination including measurement of head circumference, length, weight and assessment of gestational age, are needed. Neurological abnormalities, skin rashes, dysmorphic features, splenomegaly and hepatomegaly should be evaluated. Ophthalmologic evaluation and otoacoustic emission examination should be conducted before hospital discharge or within a month after birth [32] (C).

For children with microcephaly or intracranial calcifications, additional evaluation should include consultation with a pediatric neurologist. Test for other congenital infections such as syphilis, toxoplasmosis, rubella, cytomegalovirus and herpes simplex virus infections should be requested. Genetic causes should also be investigated, as well as maternal substance abuse, exposure to ionizing radiation, use of teratogenic agents and infections in general [33] (D).

## 8. What care is required for newborns diagnosed with microcephaly during pregnancy?

Because of the wide variety of differential diagnosis ranging from other congenital infections, genetic abnormalities, familial microcephaly, and more, it is imperative to confirm the diagnosis of Zika virus infection in microcephalic newborns. Thus, careful history should answer the following questions: maternal history (intrauterine infections, placental insufficiency, pre-existing maternal diseases); maternal exposure to ionizing radiation or potentially teratogenic agents (drugs, alcohol, smoking, etc.); drugs used during pregnancy; presence of

skin rash and other signs and symptoms of infection during pregnancy; and family history. Complete physical examination of the newborn should be performed, with the measurement of head circumference, length, weight and gestational age assessment, also including a detailed neurological examination. Ophthalmologic evaluation within 1 month after birth is recommended, including retinal assessment, since abnormal ophthalmologic findings such as macular abnormalities and optic nerve disorders are reported in microcephalic children with possible congenital infection with Zika virus [23,24] (C). The mother must also be tested for Zika virus infection, in case this was not done during pregnancy.

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## Istanbul Symposium on War, Migration and Health



*Bayazıt İlhan*

The Turkish Medical Association and its local body the Istanbul Chamber of Medicine in collaboration with the World Medical Association hosted a very important event on 26–27 February 2016 in Istanbul on the recent global migration crisis. The “War, Migration and Health: What Should Physicians Do?” symposium agenda included many aspects of the crisis, offering solutions as well. See Flyer of the Symposium.

The Symposium started with key speeches framing the burden as a global issue. Prof. Sir Michael Marmot, President of the World Medical Association, opened the Symposium with his marvelous key speech highlighting the inequalities in the world. From beginning to end, excellent speeches from distinguished guests were presented. Humanity, health, ethics, economic and other aspects were discussed during the Symposium.

About 200 participants from 17 countries participated in the Symposium. Medical Associations from Germany, Greece, Bel-



*Dilek Aslan*

gium, France, the United Kingdom, Israel, Sweden, Switzerland, the Turkish Republic of Northern Cyprus, Lithuania, Norway, Poland, Ukraine, representatives of medical organizations from the US, Albania and Uganda, representatives of international organizations (United Nations Population Fund (UNFPA), Médecins Sans Frontières (MSF), Physicians for Human Rights (PHR), Junior Doctors Network (JDN), World Health Organization (WHO)-Turkey, Presidency of Migration Management, Disaster and Emergency Management Authority (AFAD), Peoples' Bridge Association, Peace Association, Turkish Medical Students International Committee (Turkish MSIC), Turkish Psychiatry Association, Turkish Thorax Association, Association of Public Health Specialists (HASUDER), Turkish Nurses Association, and Association of Social Workers Migration) [2] discussed migration as a result of the war with all its effects.

Main messages given in the Symposium are listed below:

1. About the current situation:
  - a. Global inequality is a very significant challenge and creates health gap.
  - b. Migration, very closely linked with war, has been occurring and is determined by inequalities, the economic crisis, and other unlisted determinants of health.
  - c. Millions of people have to move from home countries to other places because of war and other compelling life threatening conditions.
  - d. Threats are occurring for migrants while leaving their homelands on their migration path, and while adapting to their “new” lands.
  - e. Children, women, disabled people, aged people have double burden in their struggle aiming to survive.
  - f. The problem is not local. Global agenda is needed for solution.
2. About the major goal(s):
  - a. Ending the underlying conditions responsible for the migration of people.
  - b. Guarantee of life and travel conditions for migrants.
  - c. Human dignity should be protected for all affected people.
  - d. Human rights should be guaranteed to all individuals.
3. About the responsible bodies:
  - a. State-level public authorities have the major responsibility to provide humanitarian conditions for everyone.
  - b. Municipalities should support state-based services.
  - c. Recommendations, guidelines and declarations of international organizations, e.g. the United Nations and the World Medical Association, should be used in full without any exception.
  - d. Collaboration with public authorities and civil society should be created.
4. About the physicians' role(s):
  - a. Physicians have role(s) in facing the difficulties of armed conflict(s).
  - b. Physicians have significant role(s) in organizing and providing healthcare services to individuals and communities in dire conditions.



# War Migration and Health



## SYMPOSIUM

26-27 February 2016

Istanbul / Turkey

[warmigrationhealth.com](http://warmigrationhealth.com)

- War, migration and social determinants of health
- Medical problems related to migration
- Experience of Turkey and TMA's activities
- Policies of countries and institutions related to migration
- Women and War
- Presentations of physician organisations

### BACKGROUND

The World Medical Association together with the Turkish Medical Association and the Istanbul Chamber of Medicine will hold a Symposium on War, Migration and Health, following an emergency resolution adopted by the WMA General Assembly in October 2015 on this critical issue.

Many countries face significant problems maintaining effective health and social care systems and are unable to respond to the basic needs of refugees and migrants. War and internal conflicts in countries of origin, extreme poverty in transit countries, and limited resources and political pressure in rich destination countries are just some of the obstacles inhibiting action. The resultant impact is that refugees and migrants face severe difficulties in securing food, shelter and access to healthcare.

### PARTICIPATION

The WMA wishes to address these problems in an international symposium, and therefore urgently requests your participation in order to learn from your experience including the health problems of refugees and migrants, access to healthcare, government reactions and responsive policies, experiences of healthcare workers, NMAs and NGOs, observations and recommendations.

Please see the website for details.

[warmigrationhealth.com](http://warmigrationhealth.com)

the “war” and “migration” issues in a very broad perspective. In this sense, solutions were discussed realistically and sincerely. The Symposium was full of hope that the recommendations will be implemented in real life.

The Symposium ended with accepting a communiqué including all the discussed problems and solutions [3]. The Symposium website ([warmigrationhealth.com](http://warmigrationhealth.com)) is still active including all the details and video records of the speeches in English and Turkish.

The Turkish Medical Association and its local body the Istanbul Chamber of Medicine were honored to collaborate with the World Medical Association in organizing such a symposium on a very hot topic for the Global Health Agenda.

Hopefully, outputs of the Symposium would contribute to solving the problem(s) in the very near future.

*Doctors as the voices of solidarity and peace will work continuously in this regard...*

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- c. Physicians providing services should not be hampered due to any reason. All precautions should be taken in this regard.
- d. Physicians should struggle for human dignity.

- e. Physicians should advocate for peace at the global level as they are the voice of humanity.

*In conclusion*, the Symposium gave the organizers and participants a chance to discuss

## Southeast European Medical Forum



Andrey Kehayov

*SEEMF is a legal non-for-profit entity. It is registered under Bulgarian legislation. SEEMF President is Dr. Andrey Kehayov – President of Bulgarian Physician Association, vice-presidents are Prof. Pavel Poredos – President of the Slovenian Medical Association and Dr. Oleg Musii – Member of Parliament of Ukraine and President of the Ukrainian Medical Association, Secretary General – Dr. Stylianos Antypas, Athens, Greece.*

### SEEMF Board

**President:** Dr. Andrey Kehayov, Bulgaria

**Vice-Presidents:**

Prof. Pavel Poredos, Slovenia; Dr. Oleg Musii, Ukraine

**Secretary General:** Dr. Stylianos Antypas, Hellas

**Members:**

Dr. Din Abazaj, Albania  
Dr. Fatmir Brahimiraj, Albania  
Prof. Veselin Borisov, Bulgaria  
Dr. Valiantsina Hancharova, Belarus

Prof. Gia Lobzhanidze, Georgia  
Prof. Slobodan Tomic, Montenegro  
Prof. Dusko Vasic, Republic Of Srpska  
Prof. Sinisa Miljkovic, Republic Of Srpska  
Dr. Aizhan Sadykova, Kazakhstan  
Dr. Zokhid Abdurakhimov, Uzbekistan  
Prof. Abdullah Khudaybergenov, Uzbekistan  
Dr. Nariman Safarli, Azerbaijan  
Dr. Romeo Scerbina – Moldova  
Prof. Jaroslav Blahos, Czech Republic  
Dr. Gligor Tofoski, Macedonia  
Dr. Goran Dimitrov, Macedonia  
Dr. Athanasios Exadaktylos, Hellas  
Prof. Milan Milanov, Bulgaria

**Member-countries:** Bulgaria, Slovenia, Hellas, Albania, Belarus Georgia, Montenegro, Republic Of Srpska, Kazakhstan, Uzbekistan, Azerbaijan, Moldova, Czech Republic, Macedonia

The Southeast European Medical Forum (SEEMF) was founded at a meeting in Sofia in 2005 by medical organizations of Albania, Bulgaria, Greece, and Macedonia as a society of organizations of physicians from Southeast European countries – neighboring countries with similar problems. The meeting adopted Statutes. Decision was taken to invite other organizations from the region to join. The name of the organization was agreed upon.

SEEMF was later joined by the medical associations of Slovenia, Republic of Srpska, Montenegro, Ukraine, Georgia, Kazakhstan, Belarus, Uzbekistan, Azerbaijan, Moldova, Czech Republic.

Its purpose is to promote the partnership of the medical profession in the member-countries, to discuss common problems and to find solutions; to enable exchange of experience, strengthen the relations and elaborate common approaches in all fields of activity of the medical organizations;

to develop continuous medical education through medical congresses and other forms of mutual activity; to assist its members for improvement of their medical and management-related qualification; to establish contacts and partnership with other international organizations.

### Main Goals

1. To unite and assist its members for achievement of their common aims;
2. To enable exchange of experience and develop common approaches in all fields of activity of the medical organizations;
3. To promote in the Southeast European countries the best possible medical education, medical practice and healthcare;
4. To strengthen the relations between the medical organizations of the Southeast European countries;
5. To strengthen the relations between the physicians from the Southeast European countries and the exchange of experience with their colleagues from the EU member-countries;
6. To assist its members for improvement of their medical and managerial qualification;
7. To establish contacts with similar organizations;
8. To defend the rights and interests of physicians, healthcare establishments, and medical professionals before the legislative, executive and legal authorities by submission of drafts and stands on regulations, legal proceedings, etc.

As of 2010 SEEMF intensified its activities and is holding at least two Board Meetings and a Congress each year.

*The First SEEMF Congress* took place in Varna, Bulgaria in 2010.

It focused on different specialized topics as well as on Patient Safety and Health Issues and Health Policies under Conditions

of Economic Crisis. Participants from 14 countries attended the event and presentations were made by outstanding physicians and representatives of medical science, including Prof. Enis Ozyar from Turkey and Prof. Peter Schwarz from Germany. The meeting adopted the following

***The Second international medical congress of SEEMF*** was held in the period 7–11 September 2011 in Nesebar, Bulgaria.

The main Congress topics were:

- Diabetes and Complications
- Cardiovascular Diseases
- Infectious Diseases
- Oncologic Diseases

A Round Table was held on “Health Reforms and Funding”

Dr. Wonchat Subhachaturas, President of the World Medical Association welcomed the Congress participants and presented the World Medical Association.

The first awards Outstanding Physician of Southeast Europe were granted to Prof. Gencho Nachev, Bulgaria and Prof. Jovan Tofoski, Macedonia

***The Third international medical congress of SEEMF*** took place in Belgrade, Serbia in the period 12–15 September 2012.

Reports on major topics, namely cardiology, diabetes, oncology and Immunization in the 21st century aroused great interest among the participants. The agenda included discussions on “Health and health systems in Southeast Europe in the 21st Century” and “National medical associations and chambers in South-eastern Europe – the role of professional self-regulation.” A significant number of participants shared their views on these issues.

During the Congress a Board Meeting was held at which changes to the SEEMF Stat-

utes were adopted and elections were held for Board leaders. SEEMF President, two Vice-Presidents and Secretary General were elected.

***The Fourth international medical congress of SEEMF*** took place in Portoroz, Slovenia in the period 11–15 September 2013 with participants from over 20 countries and faculty of about 60 outstanding professors in different medical fields.

The Congress was organized in partnership with the Slovenian Medical Association, and was attended by guests from Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Germany, Greece, Kazakhstan, Latvia, Macedonia, Serbia, Slovenia, Turkey, Ukraine and Montenegro.

Self-evident of the reputation that the SEEMF has, as well as of the need of medical professionals to share their thoughts and experience was the fact that the medical associations of Azerbaijan and Moldova were accepted as members of the organization.

The multidisciplinary scientific agenda of the Congress was focused mainly on the fields of cardiology, diabetes treatment, organ transplantations and oncology. Many interesting topics were debated at a round table discussion on the issues of healthcare funding and the role of professional organizations. The high value of reports, lecturers and topics was the fact that participants were granted European certificates with the score of 15 credits.

***The Fifth international medical congress of SEEMF*** was held in the period 10–14 September 2014, in Ohrid, Macedonia. The main scientific topics were: Oncology, Diabetes mellitus, Cardiology, Calamity Medicine

The Public Health Impact of immunization and vaccine prophylaxis – challenges and priorities

The Round Table was dedicated to e-health; realities, problems and financing of health systems in SE Europe.

2014 created a new opportunity for the Southeast European Medical Forum (SEEMF) to expand its reach and strengthen its recognition. The Forum accepted a new member – the Czech Medical Association, which has 34 000 doctors as its members. At the opening of the Congress, which was hosted by the city of Ohrid, Macedonia, the president of the SEEMF Dr. Andrey Kehayov said a significant scientific forum was about to take place. “Regardless of the political situation we provided the idea that doctors have to stand united because they all have one mission in every country – treat their patients. Communication among doctors is of vital importance to help them improve their experience,” Kehayov said. The Fifth Congress of SEEMF honoured the most worthy doctors of Southeast Europe, as well as organisations and structures that supported the Forum.

The Fifth SEEMF Congress also issued a resolution, based on all the reports presented at the Congress, in the fields of oncology, cardiology, infectious diseases, disaster medicine, and immunisation. Because of the vital significance of preventive measures the Congress issued an appeal for the national immunisation calendars in Southeast Europe to be adapted to the best immunisation practices of the European Union, in order to achieve quality protection of children health. Doctors recommended that a certain number of vaccines be introduced to the universal mass vaccination: pneumococcus vaccines, human papillomavirus vaccines, rotavirus vaccines and vaccines against meningococcal meningitis. The underfunded health systems of the countries in Southeast Europe would not secure equal access to quality healthcare. Therefore, all the states in the region should turn the improvement of their health sectors into a topmost priority.

According to the President of the SEEMF Dr. Andrey Kehayov, the resolution reflected all that had been shared with the participants in the numerous lectures and reports, as well as the experience the colleagues had shown to each other. Important problems were defined and addressed to the medical associations in respective countries and the institutions responsible for solving such issues. The participation of Standing Committee of European Doctors President Dr. Katrín Fjeldsted allowed for the resolution to be reviewed by all European and international medical associations.

SEEMF also passed a declaration of international significance, in which doctors of Southeast Europe declared themselves against the decision to drop toxic chemicals in the Mediterranean Sea after the destruction of Syria's chemical weapons' caches. "As professionals we have the fundamental goal of protecting people's health. Recognising all possible dangers of such a decision we declare that we are categorically opposed to an action that could jeopardize the life of all people inhabiting the area," the declaration said.

***Sixth international medical congress of SEEMF*** was held in the period 9–13 September 2015, Odessa, Ukraine

Southeast European Medical Forum (SEEMF) held its regular Sixth International Congress in Odessa Ukraine from 9.09 to 12.09.2015. The event was organized jointly with the Ukrainian Medical Association, which celebrated its 25th anniversary.

The Forum was attended by over 750 representatives from more than 15 countries. President of the World Medical Association Dr. Xavier Deu welcomed the participants.

Scientific reports in the field of cardiovascular diseases, oncological diseases, reproductive health and other socially significant

diseases were presented by distinguished experts from Bulgaria, Ukraine, Georgia, Belarus, Latvia, Poland, Macedonia, Greece and Slovenia. Military medicine and calamity medicine were among the topics discussed. The participants in the round-table discussed the aspects of doctors' professional autonomy. Dr. Xavier Deu shared the experience of the French Medical Association.

Dr. Andrey Kehayov- President of SEEMF presented the activities of SEEMF and expressed his expectation about the effect of the Congress significant scientific contributions.

Dr. Maciej Hamankevich, president of the Supreme Medical Council presented the professional autonomy of the Polish doctors and dentists.

During the event a meeting of the Board of SEEMF was held. Dr. Stylianos Antipas from the Hellenic Republic was elected Secretary General of the Forum, with a mandate until 2017.

Four new members were elected in the Board of the organization – Prof. Milan Milanov, president of Sofia Branch of the Bulgarian Medical Association, Dr. Anastasios Eksadaktilos – Chairman of Thessaloniki Medical Association and two representatives of the Macedonian Medical Organization- Dr. Goran Dimitrov, chairman of the Macedonian Medical Association and Dr. Gligor Tofoski. The board resolved that next year the organization will hold two congresses – one in Georgia and one in the Hellenic Republic.

The Board approved the traditional award nominations in the field of medicine, such as outstanding physician of Southeastern Europe, for contribution to public health development, etc.

Dr. Oleg Musii Chairman of the Ukrainian Medical Association and member

of the Verkhovna Rada was awarded for contribution to the development of Public Health. The President of the World Medical Association Xavier Deu was awarded for his outstanding contribution to the development of international medical cooperation. Prof. Krasimir Gigov, Secretary General of the Bulgarian Red Cross was awarded for contribution to the development of public health. University Hospital "Saint Catherine" by CEO Prof. Gencho Nachev and Prof. Milan Milanov, president of the Metropolitan Medical College were honored for contribution to the development of SEEMF. Dr. Nikolai Tishchuk of Ukrainian Medical Association was honored with the award for many years of work in the interest of the medical profession. Dr. Stylianos Antipas – SEEMF Board member was honored for his active position on environmental protection and public health issues. Acad. Prof. Lubomir Pyrgi from Ukraine, Prof. Svetoslav Schnittke, from Belarus and Prof. Ketevan Nemsadze, corresponding member of the Georgian National Academy of Sciences were honored for contribution to medical science development.

## International Cooperation

SEEMF leaders have taken part in a number of international meetings, the most important of which being the European Forum of Medical Associations and WHO and the WMA General Assembly.

## SEEMF Awards

### Outstanding Physicians Of Southeastern Europe

Prof. Jovan Tofoski – 2011  
 Prof. Gencho Nachev – 2011  
 Prof. Pavel Poredos – 2013  
 Prof. Katica Zafirovska – 2014  
 Acad. Wladimir Ovtscharoff – 2014  
 Prof. Dimitri Kordzaya – 2014  
 Acad. Prof. Lubomyr Pyrih – 2015



## 2011

1. Dr. Stylianos Antypas – Award For Contribution To Healthcare Improvement In Southeastern Europe
2. Dr. Oleg Musii – Award For Contribution In The Field Of Healthcare Management And Policy
3. Dr. Vladimir Lazarevic – Award For Contribution To The Development Of Seemf
4. Dr. Wonchat Subhachaturas – Award For Contribution For The Development Of International Medical Collaboration

## 2012

1. Prof. Wladimir Ovtscharoff – Award For Contribution To Healthcare Improvement In Southeastern Europe
2. Dr. Din Abazaj – Award For Contribution To The Development Of Seemf
3. Prof. Dusko Vasic – Award For Contribution To The Development Of Seemf

## 2013

1. Prof. Goce Spasovski – Award For Contribution To Medical Science And Education In Southeastern Europe
2. Dr. Aizhan Sadykova – Award For Contribution To The Development Of Seemf
3. Prof. Gia Lobzhanidze – Award For Contribution To The Development Of Seemf
4. Assoc. Prof. Dr. Mateja Kaja Ježovnik, Md, Phd, Department Of Vascular Disease, University Medical Centre Ljubljana, Ljubljana, Slovenia

## 2014

1. Prof. Dr. Tzekomir Vodenicharov, Md, Phd, Dsci, Dean Of The Public Health Faculty, Sofia Medical University, Bulgaria – Award For His Contribution To Public Health Development In Southeastern Europe
2. Dr. Katrin Fjeldsted, Cpme President – Award For Her Distinguished Contribution To The Development Of European Medical Organizations

3. Prof. Jaroslav Blahos, Md, President Of The Czech Medical Association, Em. President Of The World Medical Association – Award For His Contribution To Public Health Development
4. Prof. Dr. Milan Milanov, President Of The Sofia Branch Of The Bulgarian Medical Association – Award For His Distinguished Contribution For The Development Of Seemf
5. Dr. Todor Cherkezov, Md, Ceo Of Mphat “Dr. At. Dafovski” Hospital, Bulgaria – Award For His Distinguished Contribution For The Development Of Seemf
6. Prof. Dr. Aleksej Duma, Shtip Medical Faculty, Macedonia – Award For His Active Work To The Interest Of The Medical Profession
7. Dr. Zokhid Abdurakhimov, Phd, Executive Director Of The Medical Association Of Uzbekistan – Award For His Contribution For Seemf Enlargement
8. Bulgarian Red Cross – Award For The Support And Distinguished Contribution For The Development Of Seemf
9. Actavis Company – Award For Their Repeated Support Of Seemf Congresses
10. Novartis Company – Award For Their Repeated Support Of Seemf Congresses

## 2015

1. Dr. Oleg Musii, President Of The Ukrainian Medical Association – Award For Contribution To Public Health Development
2. Dr. Xavier Deau, Wma President – Award For His Distinguished Contribution For The Development Of International Medical Collaboration
3. Dr. Mykola Tyshchuk, Ukrainian Medical Association – Award For His Active Work To The Interest Of The Medical Profession
4. Dr. Stylianos Antypas, Seemf Board Member – Award For His Active Position On Environmental Protection And Public Health Issues

5. Prof. Sviataslau Shnitko, Belarus – Award For His Contribution To Medical Science Development
6. Prof. Ketevan Nemsadze, Corresponding Member Of The Georgian National Academy Of Sciences – Award For Her Contribution To Medical Science Development
7. Assoc. Prof. Krasimir Gigov, Bulgarian Red Cross Secretary General – Award For His Contribution To Public Health Development
8. Prof. Milan Milanov, Bulgarian Medical Association – Award For His Contribution To The Development Of The Southeast European Medical Forum
9. Uh Sveta Ekaterina, Sofia, With Ceo Prof. Gencho Nachev – Award For Contribution To The Development Of The Southeast European Medical Forum

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## Bulgarian Medical Association

### Office Bearers

President: Dr. Ventsislav Grozev  
Vice Presidents: Prof. Dr. Ognyan Hadzhiyski, Dr. Galinka Pavlova  
Secretary General: Dr. Stoyan Borisov



*Ventsislav Grozev*

**History in brief:** Bulgarian Medical Association was established in 1901 which made it the second professional medical association in the world after the British one. At first, its objectives were to protect the interests of the medical profession, determine their fees, but later on it began to organize the medical care across the country and determine the health policy of the state. During the communist regime the Bulgarian Medical Association was put under a ban. It has been restored after the democratic changes in 1990.

**Membership:** Adopted in 1999, the Act on the Professional Organizations of Physicians and Dentists legitimized the Bulgarian Medical Association and the Bulgarian Dental Association as autonomous statutory organizations. This law regulates the structure, organization and activities of the professional organisations of physicians and dentists, the conditions for practising the medical and dental professions and the liability for breaching of professional ethics. The law stipulates that all practising physicians and dentists shall be members of the Bulgarian Medical Association, respectively the Bulgarian Dental Association.

**Structure and major commitments:** Bulgarian MA consists of 28 Regional Colleges. All the physicians with their full name, specialty, work address, unique identity number and qualification degrees are listed in the register of the respective Regional Medical College. Every physician holds an electronic professional card.

The Association is committed to implementation of the following major commitments (as stipulated in the Act on the Professional Organizations of Physicians and Dentists):

1. to represent its members and protect their professional rights and interests;
2. to represent its members as a party to the National Framework Agreement under compulsory health insurance law;
3. to work out a Code of Professional Ethics of physicians and to supervise the compliance therewith;
4. to adopt Rules of Good Medical Practice, to propose them for approval to the Minister of Healthcare and to supervise the compliance therewith;
5. to impose the penalties provided in the Act on the professional organizations where necessary;

6. to establish and keep a national electronic register and regional registers of its members;
7. to participate in the organization and delivery of continuing professional development for physicians through the Accreditation Council established at the Bulgarian Medical Association and the Expert Medical Boards in all specialties;
8. to participate through representatives in the Supreme Medical Council at the Ministry of Healthcare;
9. to give opinions on draft legislation in the field of healthcare;
10. to cooperate with other national and international organizations and institutions;

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## Chinese Medical Association

### Office Bearers:

President: Xiao-wei Ma  
Vice President: Yu-pei Zhao, Ya-sen Maimaiti, Ying-kang Shi, Yan-fei Liu, Zhi Su, Qing-jie Li, Bao-feng Yang, Bo-li Zhang, Sai-juan Chen, Da-peng Jin, Shusen Zheng, Yang Ke, Ke-qin Rao, Fu-chu He, Jian-guang Xu, Fu Gao  
Secretary General: Keqin Rao



*Xiao-wei Ma*

**Membership:** 506,000

**Mission:** The missions of the Association shall be to unite and organize professionals of medical science and technology, to abide by the national Constitution, laws and regulations, and to implement national policies for science and technology and healthcare. The Association shall uphold medical ethics and advocate social integrity. It shall operate with democratic principles, support freedom of scholarship, and seek to raise the technical skills of the professionals of medical science and technology. It shall promote the prosperity and development of medical science and technology, and the popularization of medical science and technology knowledge. It shall promote the growth of work forces in medical science and technology and the integration of medical science and technology with China's economic development. The Association shall provide services for its members and for professionals of medical science and

technology, for the health of the Chinese people, and for socialist modernization in China.

#### Services provided:

1. To carry out medical exchange programs, to organize activities for research priorities and investigations, and to promote relations and collaborations among scientific disciplines and learned groups.
2. To edit and publish journals, books and materials and produce electronic audiovisual products of medical sciences, techniques, information, and popularization of medical science knowledge.
3. To provide continuing medical education and to organize its members and professionals of medical science and technology to upgrade their knowledge and raise their professional levels in medical science and technology.
4. To organize medical and health knowledge popularization and health promotion activities through various channels and in different forms to improve public health knowledge and increase the ability of the public to care for their own health.
5. To be involved in the training and examination of medical specialists.
6. To organize technical assessments of medical malpractices.
7. To organize assessment and appraisal of projects of medical science and technology, evaluations of new clinical technologies, and reviews and evaluations of decisions concerning medical science and technology, and to put forward medical, pharmaceutical and technological suggestions for evidence-based decision-making for the government.
8. To develop relations with foreign groups and professionals of medical science and technology and carry out international and Taiwan, Hong Kong, and Macao regional exchange and cooperative programs.
9. To provide consulting services on medical, pharmaceutical and health science and technology and organize exhibitions to facilitate transfer and application of medical research results.
10. To select and award outstanding achievements in medical science and technology including scientific papers and popular science writings, etc. and organize the assessment and award of the China Medical Award.
11. To find, recommend and train outstanding talents of medical science and technology;
12. To promote and award medical professionals for their medical ethics and skills, and to commend and award Association members who make outstanding contributions to the activities of medical science and technology and Association staff members who make remarkable achievements for the Association.
13. To serve its members by keeping the Party and the government informed of the views and aspirations of the professionals of medical science and technology and by protecting their legal

rights and interests. And to organize programs and activities for its members.

14. To undertake tasks entrusted by relevant governmental departments.

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## Finnish Medical Association

#### Office Bearers:

President: Dr. Marjo Parkkila-Harju

Vice-presidents: Dr. Antti Tamminen,

Dr. Arto Virtanen

Chief Executive Officer: Dr. Heikki Pälve

Vice-CEO: Dr. Hannu Halila

Health Policy Adviser, International Affairs: Mervi Kattelus



*Marjo Parkkila-Harju*

#### Office and Membership:

The Finnish Medical Association, established in 1910, is a professional organization of which almost all (94 %) doctors practicing in Finland are members. Membership is voluntary and available for all physicians practicing in Finland. In the beginning of 2016 the number of members was around 25 000. The FMA binds its members together to support common values (advancement of medical expertise, humanity, ethics, and collegiality), and represents their common professional, social and economic interests. The FMA employs approximately 65 people (including Finnish Medical Journal).

#### Services provided:

Member services include a patient injury and liability insurance, legal advice, membership in unemployment fund, CPD/CME-training, network of trusted physicians, Finnish Medical Network (Fimnet) Internet portal, and grants for training, research and for international co-operation. Members are also offered certain products, discounts and social activities. In addition they receive Finnish Medical Journal that is published in paper form weekly, and can read the electronic version as well.

#### Activities:

- We involve our members at regional and local level to participate policy-making of the association.
- We negotiate the salaries of the physicians working in the public sector.
- We foster medical ethics in several ways: Medical Ethics Committee that involves representatives also from other physician's

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organizations, Medical Ethics book (available also online), Medical Ethics Day once a year, seminars on timely ethical topics with other professional organizations etc.

- We follow actively health policy issues in the society and do advocacy work towards and together with the ministries in order to develop health and health care system and patient's rights in the country.
- We provide official and reliable data concerning physician work force both to the governmental agencies as well as to the media.
- The views of the FMA are frequently quoted in the media.
- The FMA is a member of the Confederation of Unions for Professional and Managerial Staff in Finland (AKAVA).

## Vision:

Finnish Medical Association is a professional organization and a trade union of a unified medical profession. It benefits its members as well as key stakeholders.

## International cooperation:

FMA is a member of several international physician's organizations i.e. globally the WMA and in Europe Standing Committee of European Doctors (CPME), European Union of Medical Specialists (UEMS), European Union of General Practitioners/Family Physicians (UEMO), and European Junior Doctors (EJD). We have also active cooperation with other Nordic countries. In addition, we are involved with some development cooperation projects.

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## Malaysian Medical Association

### MMA Executive committee (2015–2016)

President: Dr. Ashok Zachariah Phillip

Immediate Past president: Dr. H Krishna Kumar

President Elect: Dr. John Chew Chee Ming

Honorary General Secretary: Dr. Ravindran Naidu

Honorary General Treasurer: Dr. Gunasagan Ramanathan

Honorary Deputy Secretary: Dr. Rajan John

Honorary Deputy Secretary: Dr. Ganabaskaran Nadason

Chairman Schomos: Dr. Vasu Pillai

Chairman PPS: Dr. Muruga Raj



*Ashok Philip*

## Membership:

- Currently there are over 41,715 registered medical practitioners in Malaysia.
- Almost 20 percent of them are MMA members.
- MMA also has a separate wing for the student members.

## Objectives:

- To promote and maintain the honour and interest of the profession of medicine in all its branches and in every one of its segments and help to sustain the professional standards of medical ethics.
- To serve as the vehicle of the integrated voice of the whole profession and all or each of its segments both in relation to its own special problems and in relation to educating and directing public opinion on the problems of public health as affecting the community at large.
- To participate in the conduct of medical education, as may be appropriate.
- To promote social, cultural and charitable activities in building a united Malaysian nation.
- To carry on any business, trade, joint venture, commercial arrangement, transaction or any enterprise whatsoever which may in the option of the Association be advantageous to the Association or calculated directly or indirectly to enhance any of the Association's assets, properties or rights.

## Sections, Societies and Committees Of Mma

- Sections
  - Section Concerning House Officers, Medical Officers & Specialists (SCHOMOS)
  - Private Practitioners Section (PPS)
- Societies
  - Society of Occupational & Environmental Medicine (SOEM)
  - Society of Medical Students (SMMAMS)
  - Society of Public Health
  - Society of Sports Medicine
  - 20 MMA Committees
  - 29 MMA Representatives for External Organization, GOVT & NGO committees

## Section Concerning House Officers, Medical Officers & Specialists (Schomos)

- Its objective is to identify, address and seek the cooperation of the government to resolve issues relating to the welfare, pay, and allowances and working conditions of all grades of doctors in government service.
- SCHOMOS over the years has evolved into a powerful Section of the MMA which conducts periodic meetings with the Director General and other top Ministry of Health officers and has achieved many notable successes in its ventures.

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- The issues discussed periodically includes: clinical allowance for medical officers, review of specialist allowance, overtime pay, promotion prospects for medical officers and specialists, housemen issues, etc.

## The Private Practitioners Section (PPS)

Private Practitioners Section of MMA was established to look after the needs of the private practitioners

PPS continues to be the negotiating arm of the Association in all matters relating to private practitioners. Currently, the PPS is concerned on issues related to:

- Pharmacy Bill-
- FOMEMA
- Third Party Administrator (TPA)/Managed Care Organization (MCO)
- National Health Financing Scheme

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## Myanmar Medical Association

### Office Bearers

President: Prof. Rai Mra

Hon. Secretary: Prof. Saw Win

**Membership:** Myanmar Medical Association (NMA) is the biggest association of medical doctors in Myanmar. It was established in 1949, a year after Myanmar (formerly known as Burma) got her independence from British colonial rule. It is a non-governmental, non-political professional association with permanent members of more than 12000 and more than 1000 pro-members. There are 15 branches in 15 States and Divisions of Myanmar and 37 specialist societies and 3 special interest groups under its umbrella. MMA is governed by 20 members elected Executive Committee. MMA is an active member of World Medical Association (WMA), Confederation of Medical Association of Asia and Oceania (CMAAO) and Medical Associations of ASEAN countries (MASEAN).

**Services provided:** The main mission of MMA is to improve the professional and ethical standards of medical doctors so as to have better health care of the people. MMA also plays advisory role



Rai Mra

in various health issues to Ministry of Health of Myanmar. MMA provide health education and advocacy in various health problems of the country.

**Activities:** We are conducting regular CME courses for Family Physicians, ad-hoc CME activities and regular Annual meeting and Conference, which will be 63<sup>rd</sup> time in coming 2017. We are publishing Myanmar Medical Journal (MMJ) quarterly, which was first published in 1953 We also publish monthly newsletter.

As social activities we have Support Group for Elderly Doctors (SGED) and Health Care Volunteers groups. We had conducted rapid disasters rescue and help in various disasters of Myanmar and neighbouring countries.

There are 10 public health projects conducting in collaboration with UN organizations and other NGOs in areas of Malaria, Tuberculosis, Reproductive Health and Youth Development.

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Official facebook page: MMA CME

Website: [www.mmacentral.org](http://www.mmacentral.org)

## Rwanda Medical Association

### Office bearers

President: Dr. Kayitesi Kayitenkore

Vice-President: Dr. Joseph Ryarasa  
Nkurunziza

Treasurer: Dr. Louise Kalisa

Head of Scientific & Research Committee:

Dr. Brenda Asimwe-Kateera

Head of Ethics Committee:

Dr. Emmanuel Nkeramihigo

Secretary General: Dr. Felix Cyamatare

Rwabukwisi

Executive Secretary: Mr. Rwabukwisi A. Eddy



Kayitesi Kayitenkore

### Description and History:

Founded in 1997; the Rwanda Medical Association (RMA) is registered as a non-profit, a Non-Government-Organization (NGO) that advocates on behalf of its members and the public for access to high quality healthcare, and provides leadership, guidance to physicians for Continuous Professional Development. RMA also strives for the welfare; professional protection as well as medical ethics and conduct among its members.



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RMA is committed to being at the fore front of healthcare management by enhancing and integrating professionalism among its members; integrating members into policy negotiation, formulation and implementation and building alliances with other health professional association and regulatory bodies to meet the health needs and expectations of Rwandans.

**Vision:** *"To be a world class community of motivated medical doctors with the highest ethical and professional standards"*

**Mission:** *"The trusted and unified voice of medical doctors in promoting both professional excellence and welfare of medical doctors in Rwanda"*

## Objectives:

- To represent medical doctors with authority and credibility.
- To advise the Government, other medical bodies and the general public on matters related to health.
- To promote the integrity and collegiality in medical profession.
- To contribute to the capacity building of doctors for providing excellent health care.
- To contribute to the research and development in the Rwandan health system.
- To develop partnerships with other national and foreign associations/organizations for opening opportunities to RMA.
- To promote the welfare of medical doctors through RMA UMUGANGA (MD) Saving And Credit Cooperative Society Ltd.

## Guiding principles:

- Our members are our number one priority in all the work we do. We seek to build and maintain an association that is inclusive, collaborative, and accountable to physicians. We have an uncompromising commitment to serve them well, protect their interests, and contribute to their overall health and well-being.
- We are committed to be in the forefront of building a stronger, higher quality health-care system for our patients, and ensuring valued and effective roles for physicians in that system.

**Core values:** *"Integrity, Professionalism, Collegiality and Empathy."*

## Collaborations:

### 1. National collaborations

Within Rwanda, the association seeks to harmonize efforts with similar organization in order to efficiently advocate for its members. The collaboration covers technical support from specialized organization and financial and policy support with public system. We collaborate with:

- Rwanda Ministry of Health
- Rwanda Medical and Dental Professionals
- Rwanda Health Care Federation
- Professional associations of specialist doctors in Rwanda

## 2. International Collaboration

The RMA is a member of different International Medical Organization or Association such as:

- World Medical Association (WMA) [www.wma.net](http://www.wma.net)
- Confederation of African Medical Associations and Societies (CAMAS)
- East African Medical Association (EAMA).

## Core and Routine activities

**With its members:** RMA organizes Continuous Professional Development (CPD) workshops for its members across the country, in different regions every quarter. The aim is to ensure RMA members have up to date medical information on relevant topics and targeted knowledge gaps in order to improve the quality of service provided by our members. Particular attention has been made to medical ethics which has been included in all our CPD activities. These activities are supported by the contribution paid by our members and local partner organizations.

RMA organizes an annual scientific conference each year which aims to bring together scientific innovation; political leaders and implementers to discuss key topics according to the context of medical practice in Rwanda. This has been an opportunity to keep the debate alive especially on issues that affect on one hand our members' daily work and efficiency, on the other hand the healthcare system as a whole.

RMA has started advocating for the professional indemnity insurance, professional consulting fees etc. for its members.

**With Partners:** RMA actively participates in debates and workshops organized in the country in order to keep the voice of our members represented in all circles that are impacting our work and welfare. We represent our members to the Ministry of Health; regional discussion affecting the practice of medicine; legal and trade policy discussion. We also reach out to seek for financial and technical collaboration in order to increase the capacity of the association to serve its members.

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Website: [www.rma.rw](http://www.rma.rw)



## Slovak Medical Association

**President: Prof. MUDr. Ján Breza,**

### General provisions

Slovak Medical Association (SkMA) is a voluntary, non-governmental, politically independent non-profit association comprising professional associations and societies acting in the sphere of medicine, the members of which participate in development of medical branches and health care.



*Ján Breza*

SkMA is a legal person and civil association in accordance with the Act No. 83/1990, Collection, on Association of Citizens as amended. It was registered in 1969. SkMA has the organisational units comprising professional societies, physicians' guilds and pharmacists' guilds and societies of intermediate health care workers.

As of December 31, 2015 it registers 98 professional associations, 16 of these are collective members. Altogether it unites 16 457 members: 14 622 physicians, pharmacists and 1795 other health care workers. SkMA publishes a journal entitled Monitor medicíny SLS/ Medicine Monitor by SkMA.

Presidium of SkMA is a statutory body and has 15 members. SkMA and its professional societies and guilds can be the members of the other national and international non-governmental organisations (associations, guilds) having a similar scope of interest (EFMA, WMA, WHO, UEMS, CIOMS, CPME).

### Mission and objectives of SkMA

SkMA shall:

- initiate and mediate transfer of the latest scientific professional medical, diagnostic and therapeutic information into practice in the form of continuous – further systematic education,
- assert a decisive role of the professional societies mainly as expert guarantors in continuous – further systematic medical education of physicians, pharmacists and other medical workers,
- initiate, submit, enforce and publish the opinions on
  - a) the issues connected with expertise and scientifically based knowledge of medical sciences within individual medical branches;
  - b) the issues connected with possibilities to apply top, diagnostic and therapeutic methods in medical practice;
  - c) the issues of ethic of physicians and medical workers;
  - d) the issues of existing and being prepared legislative standards in health care;
  - e) the issues of specialised scopes of a further education system;
  - f) nomination of the experts as members of various committees,

- represent its professional societies and guilds outwards with the aim to protect their justified requests and interests in relation to other subjects.

### Scope of SkMA activities (the Tasks)

15. Within the scope of further education of medical workers it shall organise, ensure and guarantee the expertise of intrastate and international professional and scientific educational events (congresses, meetings, symposiums, conferences, lectures, seminars, courses, training courses etc), accompanying exhibitions and symposiums of medical and pharmaceutical societies.
16. It shall support participation of its members in professional and scientific events at home and abroad.
17. It shall issue and support issuing of professional medical journals, collections, bulletins, publications and other information materials.
18. It shall annually draw up and edit the Calendar of Professional and Scientific Events.
19. For the members of SkMA, it shall ensure methodical guidance connected with meeting the objectives, mission and scope of activities of SkMA.
20. It shall inform members and other medical workers about the latest medical and pharmaceutical products.
21. It shall establish contacts and cooperate with international non-governmental, scientific and professional organisations acting within the health care sphere at home and abroad.
22. It shall conclude agreements on cooperation and reciprocal exchange of experts (members of SkMA) and employees of SkMA with partner international organisations.
23. It shall organise competitions and award prizes and honours.
24. Through delegated representatives it shall participate in selection, competition, attestation, accreditation and similar actions.
25. Through delegated representatives it shall participate in the activities of consultative bodies of parliament of the Slovak Republic, Ministry of Health Care of the Slovak Republic, Slovak Medical Chamber, Slovak Pharmacists' Chamber and other chambers and professional institutions dealing with issues of health care and public health.
26. To secure the mission, objectives and scope of activities it shall pursue additional economic activities (e. g. publishing and editorial activities, advertising, lease, mailing services etc.).
27. To pursue additional economic activities and provision of publicly useful services, it may establish the non-profit organisations, foundations, funds, business and other companies, or be their associate.

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## Swedish Medical Association

### Office Bearers:

President: Dr. Heidi Stensmyren

CEO: Hans Dahlgren

**Membership:** I am not sure I understand membership but it is voluntary and you pay a monthly fee, high number of members as we are the only union for doctors in Sweden 8 out of 10 doctors are members.



*Heidi Stensmyren*

**Services provided:** We provide Advice and support in matters relating to your salary, contract, and general working conditions, insurance and pensions as well as support on how to get your foreign licence to practice recognised.

Help with salary negotiations, and up-to-date salary statistics.

Legal assistance on disciplinary matters, such as negligence claims or probation, and on general matters of healthcare.

However we also work with political issues and have a key role to play in influencing the development of healthcare in Sweden. The Swedish Medical Association enters into collective agreements on behalf of its members in areas such as general employment conditions, which includes salaries, working hours, holidays, sick and parental leave and pensions.

**Vision** one association for all doctors through their whole career.

**Activities,** do you mean current activities besides our union work with helping members, doing collective bargaining. We also monitor and work with healthcare politics on national, European and International level.

### International collaboration,

The Swedish Medical Association is an Active member of the UEMS, CPME on a European level as well as an active member of the WMA.

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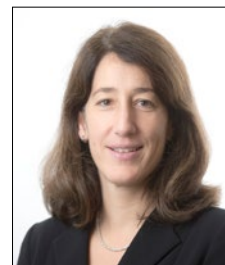
*<http://www.slf.se/Info-in-English>*

## Swiss Medical Association (SMA)

### Office Bearers:

President: Dr. med. Jacques de Haller

General Secretary: Anne-Geneviève  
Bütikofer



*Jacques de Haller*

The Foederatio Medicorum Helvetico-rum (FMH) or Swiss Medical Association (SMA) is the politically and economically independent umbrella organisation for more than 70 core and specialised medical organisations. The main objectives of the SMA are:

- to ensure the high quality of medical care in Switzerland
- to promote further training and continued education for doctors
- to play an active role in shaping the health policy framework so that doctors can work efficiently and in the full interests of patient welfare

The SMA consists of the medical associations which bring together the 200 delegates of their member societies to create the “physicians’ parliament”, and of the 7-strong Central Committee which acts as a “government”, representing the interests and implementing the decisions of the medical associations. The Central Committee acts in an advisory capacity to the 33-member Delegates General Meeting. The SMA offers its members services such as the personal Health Professional Card (HPC) and provides support and assistance in issues relating to the law, tariffs and business matters. External partners, media and the general public also benefit from SMA services such as statistics on physicians, media releases or the popular advance directive (living will).

Major challenges facing the SMA are

- the rising volume of administrative demands made on the medical profession
- the substitution of medical services by other healthcare professions and the resultant risk of healthcare fragmentation
- the insufficient number of places for medical students and the resultant scarcity of doctors

The SMA is able to pursue its objectives vigorously thanks to its members, whose interests it is committed to advocating. As such, it is regarded by partners in the healthcare sector, politicians and the community as a highly effective mouthpiece for doctors in Switzerland.

*FMH Swiss Medical Association*

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# World Medical Journal



## Medical Association of Thailand (MAT)

### Office Bearers (2016–2017)

President: Prof. Dr. Saranatra Waikakul  
 President Elect: Prof. Dr. Ronnachai Kongsakon  
 Vice-President: Group Captain Dr. Paisal Chantarapitak  
 Secretary General: Dr. Sawat Takerngdej  
 Deputy Secretary: Prof. Dr. Prakitpunthu Saranatra Waikakul Tomtitchong  
 Treasurer: Assoc. Prof. Dr. Juvady Leopairut  
 House Master: Major Dr. Chanrit Lawthaweesawat  
 Scientific: Prof. Dr. Wachira Kochakarn  
 Publication: Prof. Dr. Amorn Leelarasamee  
 International Relations: Major. Gen. Assist. Prof. Dr. Kidaphol Wadhanakul  
 Medical Education: Assoc. Prof. Dr. Yothin Benjawung  
 Ethics: Assoc. Prof. Dr. Orawan Kiriwat  
 Public Relations: Dr. Sakda Arj-ong Vallipakorn  
 Registration: Dr. Komgrib Pukrittayakamee  
 Welfare: Dr. Nithiwat Gijisriurai  
 Special Affairs: Prof. Dr. Apichat Asavamongkolkul  
 Chief Executive Officer: Prof. Dr. Somsri Pausawasdi  
 Members of Committee: Pol. Gen. Dr. Chumsak Pruksapong  
 Dr. Pinit Hirunyachote  
 Assoc. Prof. Dr. Thanya Subhadrabandhu  
 Dr. Rungsima Saenghirunvattana  
 Dr. Somchai Thepharoennirund (Regional Rept.)  
 Dr. Varaphan Unachak (Regional Rept.)  
 Dr. Suraphan Loiha (Regional Rept.)  
 Dr. Banjerd Sukapipatpanont (Regional Rept.)



**Membership:** Any Thai medical doctor can join the MAT as a regular member.

**Services provided:** The main services provided by the MAT to their membership are activities for our members' safety and wellbeing, the Annual Academic Meeting as well as news and scientific publications, representation of their interests in national and international forums and participating as a member of World Medical Association.

### Activities (some examples)

- With Members: Receiving lifelong access to Journals of the Medical Association of Thailand
- With the Public: Through Medical Knowledge program for Thai People as FAQs disease problem TNN TV Channel monthly by the Famous MAT speakers

- With the Governments: As a Medical Counselor to support the Ministry of Health for adoption of a medical career in the public services. NMA news
- With the Media: Press releases related to health issues of public interest, promotion of debates related to health policies, education on health related issues.
- With international organization: WMA, MASEAN, CMAAO and oversea medical organizations
- With Strategic Partners: special research aiming to promote health information to the public as well as to provide happiness working and safety to Thai physicians.

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 Website: [www.mat-thailand.org](http://www.mat-thailand.org)

## Zambia Medical Association

### Office Bearers (2015–2017)

President: Dr. Aaron Mujajati  
 Vice President: Dr. Abidan Chansa  
 Secretary General: Dr. Jonathan Sitali  
 Treasurer: Dr. Matthe w Manoj  
 Chairman of Medical Education Board: Dr. Mutinta Muyuni  
 Chairman of Public Health Board: Dr. Wilbroad Mutale  
 Representative to Health Professions Council: Dr. Kaunda Mwansa  
 President of Resident Doctors Association: Dr. Francis Mupeta



### Background

The Zambia Medical Association (ZMA) is a membership organization of Doctors in Zambia. Founded in 1964, the association has been providing support services to its members by representing their professional interests in the public domain, speaking on behalf of the Zambian people on issues of health that affect them, and influencing health policy in Zambia. ZMA began as a small association for doctors based in Lusaka, the capital city of Zambia, with only a handful of members. ZMA now boasts of a membership of just under 1000 doctors with representatives in all 10 provinces of the country. ZMA therefore has undergone significant growth since its inception. It now has a secretariat in Lusaka from which its activities are coordinated and has been decentralized to provincial level with a representative in each of the 10 provinces of Zambia. In 2014, ZMA established its international relations by becoming a member of the World Medical Association. It also has a represen-

# World Medical Journal



tative of Zambian doctors in the diaspora with a chairman based in Geneva, Switzerland. ZMA also has regional representatives in China coordinating the Asia region, in the USA for the Americas and in New Zealand for Oceania.

## Activities of ZMA

### *Continuous Medical Education*

One of the key objectives of ZMA is to further the development of the medical profession as an instrument of social development and as an essential element for growth of society. In this regard we seek to maintain a high standard of medical practice by providing continuous medical education activities (CMEs) to our members. With an executive committee member in-charge of CME's in place, ZMA holds CMEs across the country throughout the year.

### *Reports/Presentations to Parliament*

ZMA is an important stakeholder in the country in the area of health. The Zambian parliament has recognized this and has in the last year invited ZMA to make presentations to the select committee on health on key health issues affecting the country. In this regard presentations on the HIV national response, maternal mortality and on social health insurance and the healthcare system in general were made during the last year.

### *Representation on Various Boards and Committees*

Still in keeping with the ZMA's mandate of remaining relevant to the public and aiming to influence national policy in the arena of health, ZMA is represented on various boards and committees in the country. In particular, we have an executive committee member who sits on the board for the health professions council and another on the Zambia Medicines Regulatory Authority board. We also have representation on committees at the National AIDS Council and at the Ministry of Health. These are important links to ZMA because it is through these links that we get to influence national policies.

### *ZMA Work with the First Lady of Zambia*

ZMA has recognized the unique role that the First Lady of the Republic Mrs. Esther Lungu, plays in the area of health through her charity work. She has had a lot of impact on various health issues especially relating to women and children. In recognition of this work and the impact her work has on those that are disadvantaged, she was a joint recipient of the prestigious 2015 ZMA President's award. Since the award, ZMA has worked closely with her office to support her work. In line with this, an executive committee member has since been appointed as ZMA liaison to the First Lady's office.

### *Workshops with Religious, Traditional and Civic Leaders*

In our quest to impact the nation, ZMA has engaged national leaders at various levels on several issues of interest to the association in

public interest. One area has been the issue of maternal mortality and the significant contribution made by unsafe abortions. In this regard, a series of separate workshops were organized in the last year with religious leaders, traditional leaders and members of parliament to raise awareness about this problem and to highlight how workshop participants could use their positions to make a change in their communities.

### *Public Health Media Work*

As a way of engaging the public and ensuring our goals receive media coverage, ZMA supports public health programs on national radio and television. These are weekly programs meant to highlight key public health issues. These programs serve as a conduit through which ZMA can reach the public. In line with this, we have a weekly column in one of the national dailies dubbed the "Public Health corner." Articles from this weekly column are also placed on our website.

## Upcoming Events

*The 2016 ZMA Annual Scientific Conference and AGM* will be held from 28th to the 30th of July 2016 at Chrismar Hotel in Livingstone. The theme for this year's meeting is "Public Health Solutions for Sustainable Development Goals."

*Monitoring of the Zambia Presidential and General Elections and Referendum by ZMA:* On 11th August, 2016, Zambia goes to the polls in a Presidential and General election and Referendum. ZMA will be involved as elections monitors. This is in keeping with the ZMA goal to ensure we remain relevant to our time and influence national policy. ZMA is nonpartisan and we are engaged in these elections in an advisory capacity to the various stakeholders to ensure elections are held in a free and fair manner. We are especially alive to the various public health concerns that may arise during an election and that may negatively affect the voting. It is to these that we want to especially address and ensure the relevant authorities address these issues amicably.

*The 2016 ZMA Annual Ball and Awards Gala* will be held on 10th December, 2016 in Lusaka. The venue is yet to be confirmed. Last year's event was held at Hotel intercontinental and the Republican President, His Excellency Edgar Lungu was the guest of honor.

*The 2017 World Medical Association Council meeting* will be held in Livingstone, Zambia in April of 2017. The meeting will be hosted by ZMA at a pleasure resort on the banks of the Zambezi River just next to the Mighty Victoria falls. This is an area in a Game Park. Guests to this meeting can plan for a holiday and experience a true safari in one of the most beautiful places in the world. Special packages in this regard will be advertised in due course.

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Website: [www.zambiamedicalassociation.org.zm](http://www.zambiamedicalassociation.org.zm)





# Save the date

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## **2<sup>nd</sup> GLOBAL CONFERENCE ON ONE HEALTH**

**10<sup>th</sup> - 11<sup>th</sup> November 2016**

**Kitakyushu City, Fukuoka Prefecture, Japan**

*Moving forward from One Health Concept to  
One Health Approach*

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Following the successful Global Conference on One Health (GCOH) that was held in Madrid in May 2015, the WVA and WMA in close collaboration with the Japan Medical Association (JMA) and the Japan Veterinary Medical Association (JVMA) are preparing the 2<sup>nd</sup> GCOH to be held on **10<sup>th</sup>-11<sup>th</sup> November in Kitakyushu City, Fukuoka Prefecture, Japan.**

The 2<sup>nd</sup> GCOH aims to bring together Veterinarians, Physicians, Students, Public Health Officers, Animal Health Officers, NGOs and other interested parties from the different world regions to learn, discuss and to address critical aspects of the 'One Health' Concept.

The main objectives of the conference are to strengthen the links and communications and to achieve closer collaboration between Physicians, Veterinarians and all appropriate stakeholders to improve the different aspects of health and welfare of humans, animals and the environment.

The main conference sessions will focus on the issues of:

- Zoonotic diseases
- Foodborne diseases
- Antimicrobial resistance
- Environmental hazards exposure to humans and animals



**More details regarding the conference and registrations will be  
published soon on WVA and WMA websites**

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[www.worldvet.org](http://www.worldvet.org)

[www.wma.net](http://www.wma.net)

